

In the United States District Court For The
Middle District of Pennsylvania

Lamont Zamichieli

Civil # 3:20-cv-00180-MEM

v.

J. B. Merritts etal.,
defendants

Today's Date: October 11, 2022

*(18 page second Amended complaint / 61 Exhibits)

SECOND AMENDED COMPLAINT

FILED
SCRANTON

OCT 17 2022

PER Amw
DEPUTY CLERK

Introduction

1. Plaintiff Lamont Zamichieli brings this action pursuant to section 1983 of the Federal statutes under 42 U.S.C. § 1983 against all named defendants of Pa, DOC SCI Huntingdon for violations of his 8th amendment of the US Const. for cruel and unusual punishment as the defendants and their supervisors caused and knew but disregarded the fact that specific defendant subjected plaintiff to a pattern/practice/series of excessive force by physically and sexually assaulting plaintiff, an African American prisoner because the color of his skin and contuance filing of grievances and complaints against the defdendants who maintained a continuance course of conduct permitting assaults against Plaintiff by SCI DTU Defendants/officers who are known

as racist and to hate and bias African American prisoners, as a result plaintiff suffered a series of attacks repeatedly on multiple occasions by all said defendants who was not properly trained, supervised, monitored or disciplined for their unlawful actions which resulted in plaintiff's substantial long lasting physical injuries. Defendant's repeated attacks and assaults was in retaliation for plaintiff race and exercising his right to file grievances. This also violated the plaintiff's 1st amendment right.

VENUE AND JURISDICTION

2. The issues/claims given rise to this action occurred in the Western District/Region of Pa. so the Western District court of Pa. has proper jurisdiction as conceded in plaintiff's attached motion and brief to change venue and jurisdiction and the DOC defendants and their representatives conceded that the Western Region is proper as well. And Plaintiff is now incarcerated at SCI PHX. in the Eastern District of Pa. and he is no longer at SCI Huntingdon where the incidents described in this complaint occurred which is the Western District of Pennsylvania.

3. Venue is proper pursuant to 28 U.S.C. § 1391(b)(2) because the events given rise to his actions occurred in the PADOH/Huntingdon which is the Western Region of Pa. Pursuant U.S.C. 1367, § 1331 and 1343 (a) (3) and section 2283 and 2284 as well as section 1983. Plaintiff brings federal constitutional claims in this action as defendants while acting under the color of law deprived plaintiff of his right. And this action plaintiff respectfully seeks and is entitled to compensatory and punitive damages against all defendants in both their individual and official capacity. Plaintiff also seeks court cost and filing fees, cost of litigation and attorney fees all jointly and separately.

PARTIES

PLAINTIFF

4. Plaintiff Lamont Zamichieli inmate # LW 2870 was incarcerated at SCI Huntingdon of the PADOC when the claims arised, but he is now currently resided and incarcerated in custody at SCI Phoenix. Plaintiff Zamichieli was at all times relevant/mentioned herein a prisoner of the PADOC who current address is 1200 Mokychic Dr. Collegeville Pa. 19426 at SCI PHX. However the defendants and their attorney shall serve any answer or filing to plaintiff at PADOC third party vendor mailing address if the Attorney General's office does not have an approved valid attorney control number to place on the envelope mail directly to the SCI address then they must address and mail any filings to plaintiff at Smart Communications PA/DOC P.O. 33028 St. Petersburg, Fl 33733 which can and may take up to ten to 21 days for plaintiff to receive from date of mailing.

5. Plaintiff has exhausted all of his available administrative remedies as to each incident that is considered a pattern of excessive force by defendants physically and sexually assaulting him repeatedly, continuancely on the same unit by all same defendants on each series of occurences that are all related to incident in defendants who assaulted plaintiff in multiple ways and multiple occassions in retaliation for his race and his filing of grievances against defendants for previous attacks and concerned possible future attacks and risk of harm. Plaintiff appeal all the way to final level of review pursuant to DOC policy DC ADM 001, DC ADM 008, DC ADM 801, DC ADM 804, DC ADM 201.

DEFENDANTS

6. Defendant J.B. Merritts is correctional officer employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force.

7. Defendant Parkes is correctional officer employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force.

8. Defendant Henry is correctional officer employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force.

9. Defendant Chilcote is correctional officer employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force.

10. Defendant Spory is correctional officer employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force.

11. Defendant Dunkle is Lieutenant officer employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the

law for all claims participated involved in each incident in the pattern of abuse and excessive force. He is the Supervisor of all others said defendants and responsible for the operations of the DTU and safety/security of prisoners.

12. Defendant Maxwell is Lieutenant officer employed by PADOC at SCI Huntingdon. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force. He is the Supervisor of all others said defendants and responsible for the operations of the DTU and safety/security of prisoners. He oversees PREA investigations/ sexual abuse. His duties is involved in the security department of the facility. He knew of the violations but failed to remedy the on going issues of abuse after being notified on numerous of times prior to the incident verbally and written.

13. Defendant Kendrick is the Unit Manager employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force. He is the Supervisor of all others said defendants and responsible for the operations of the DTU and safety/security of prisoners. He knew of the violations but failed to remedy the on going issues of abuse after being notified on numerous of times prior to the incident verbally and written.

14. Defendant Brumbaugh is the Deputy Superintendent of facility Management employed by PADOC at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force. He is the Supervisor of all others said defendants and responsible for the operations of the DTU and safety/security of prisoners. He knew of the

violations but failed to remedy the on going issues of abuse after being notified on numerous of times prior to the incident verbally and written.

15. Defendant Walters is the Deputy Superintendent of Centralize Servicesemployed by PADOc at SCI Huntingdon on the DTU. At all times mentioned and relevant in this action sued in his individual and official capacity under the color of the law for all claims participated involved in each incident in the pattern of abuse and excessive force. He is the Supervisor of all others said defendants and responsible for the operations of the DTU and safety/security of prisoners. He knew of the violations but failed to remedy the on going issues of abuse after being notified on numerous of times prior to the incident verbally and written.

(THE RELEVANT FACTS RELATED IN THIS ACTION ARE ON THE NEXT PAGE)

FACTS

16. Defendants Dunkle, Parkes, Merritts, Henry, Chilcote and Spory who all admitted they are and known as " white supremacist " at SCI Huntingdon on the (DTU) Diversionary Treatment Unit, at all relevant times and dates had established and maintained an unwritten practice and a patterning of physically and sexually assaulting African American prisoners who the defendant's who believed and desired should be treated like " slaves ".

17. As a direct result of this practice defendant Maxwell, Brumbaugh, Kendrick and Walters Who are the above defendants supervisor has failed to properly train, investigate, monitor and discipline the defendants for their continuance pattern of conduct prior to and after gaining knowledge of the wrong doing of defendants which has caused and continued to cause plaintiff injuries by defendants repeated racial aggressive motivated assaults.

18. On March 21, 2018 approx. 4: 00/5:00 pm plaintiff Zamichieli, an African American prisoner (of mixed race) was escorted from POC (psychiatric observation cell) at SCI Huntingdon in medical to the (DTU) /DTU strip cage secure search area by all listed defendants while Zamichieli remained handcuffed behind the back with a velcro smock on.

19. At this time Dunkle, Henry, Parkes and all other defendants present, Dunkle made an offer/ bribe, offering to bring cell phones and drug into

the facility for plaintiff in exchange if plaintiff voluntarily agree to perform sexual acts on the defendants.

20. Zamichieli refused the defendants offer. then the defendants began to make sexual racial threatening aggressive comments towards plaintiff period.

21. Defendant Dunkle in the presence in all other defendants who agreed and cheered Dunkle on stated " because you are a Black cotton picking nigger; we as White supremacist have the right tyo drug you up and fuck you up, beat your ass after we fuck you deep in your ass because all nigger are to be slaves, but today you will be our Black sex slave nigger boy."

22. Dunkle then removed his penis from his pants, masturbated it and lifted up Zamichieli's velcro smock and inserted his penis into Zamichieli's rectum causing extreme pain and discomfort while all other defendants held the plaintiff down while he remained handcuffed behind the back.

23. While still in the DTU strip cage where all defendants were present, Dunkle, Parks, Henry and others above ^{Shoved} shoved a soda bottle full of defendant's tobacco chew saliva inside of Zamichieli's rectum spilling on and inside the rectum, causing extreme pain and discomfort, bleeding andf slightly tearing anal tissue after completely removing the velcro smock off of Zamicheili while he remained handcuffed behind the back and held down by the defendants. (See: Exhibit # A and B)

24. Afterwards Dunkle stated " ... if you tell on us we will hurt you any

way we could or spray you when we get a chance. We want to rape and kill niggers cause we hate them you nigger!"

25. At all relevant times there was cameras angled in positioned angled on the wall slash ceiling in the DTU strip cage search area that audio and visually record all strip search processes and would have captured and preserved the above incident on camera footage.

26. On March 21, 2018 approx. 7:00/8:00pm plaintiff stated he is in pain, needed treatment, felt extremely depressed as a result of the abuse and he wished to go to POC to report the sexual abuse and preserve evidence.

27. Defendant Dunkle, Henry, Parkes and others refused to acknowledge Zamichieli's request to be taken to POC Because they new that he was going to report them for the assault.

28. Zamichieli then in attempt to get medical attention and report the abuse and preserve evidence to get off the unit, he rammed/ slammed his forehead very hard to the metal bars/doors in the DTU strip search area multiple times causing contusions and head concussions knocking himself unconscious or into a seizure as he fell to the floor unresponsive.

29. All defendants as ordered by Dunkle Peppered Sprayed Zamichieli with a blast of a whole 2 liter can of OC pepper spray while Zamichieli was on the floor unconscious and unresponsive or actively having a seizure in retaliation for stating he will report the abuse. (See Exhibit # C)

30. It was told to plaintiff about a week later by defendant Chilcote and others involved who witnessed and partaken in the use unnecessary force

told Zamichieli that Dunkle ordered to spray Plaintiff with the 2 liter can.

31. Zamichieli woke up to or regained conscious after being sprayed by the defendants. At no time prior to or after being sprayed was plaintiff combative, resistant nor did he knowingly fail to comply with any orders that may have been given by defendants while he was unconscious or in need of immediate medical attention.

32. The pepper spray used upon Zamichieli burned and irritated his eyes and full body, caused him multiple seizures threw out the night, pain, trouble breathing, temporary or permanently impaired vision. The defendants actions prevented and interfered with plaintiff's ability to report the sexual abuse and preserve evidence for seven days or so.

33. On March 27, 2018 defendant Maxwell was forwarded Zamichieli's written sick call slip from a medical nurse requesting treating and reporting that Dunkle, Parkes , Henry, Merritts, etal. sexually assaulted Zamichieli in specific detailed ways and made threats to continuously harm plaintiff if he told on their conduct. Zamichieli reported rectum pain and bleeding that he was never treated for after the abuse. (See: Exhibit "B")

34. Still 3/27/18 no sexual abuse evidence was preserved and defendant maxwell stated while interviewing plaintiff (although I reviewed the camera footage that showed all the abuse occurred I will not investigate or discipline my buddies because they are doing what I, Kendrick Brumbaugh and Walters trained them to do which is hate, beat and fuck you niggers by the way I will destroy all available all camera footage. "

35. On 3/27/18 defendant Maxwell stated " I'm given you advice and a direct order to cease snitching on my officers and stop filing grievances on them or else you will be subjected to attacks that will be more consistent and worse and I will not process, investigate or acknowledge any of your complaints including the recent sexual abuse that I had witnessed."

36. On 4/10/18 a grievance was process and rejected as a sexual abuse complaint against Dunkle, Parkes, Henry and other defendants involved in the 3/21/18 incident. Maxwell stated it was forwarded to him and security department from the grievance coordinator and he stated " I gave you a warning and a direct order to stop filing grievances or complaints against my officers and you have failed to follow my order,you will get what's coming to you real soon,I hope you can handle pepper spray nigger boy, white is always right and you niggers have no rights". Maxwell then looked at all defendants who were present during the interview gave them the head nod approval and told them " you know what to do." (Sec. Exhibit # A) (See Exhibit #5)

37. However to force an investigation to occur plaintiff ad to repeatedly contact central office of the department of corrections (DOC) who forwarded the complaints to western district/region staff to respond because SCI Huntingdon is considered western Pennsylvania. (Exhibit #5)

38. Plaintiff submitted numerous of request to staff, grievances and letters to Maxwell, Brumbaugh, Kendrick and Walters stating " that the practices and pattern of excessive force has cause and continued to place

him at risk of further harm and I request protection away from those officers who you witness assaulting me they are not suppose to be around me until after the conclusion or outcome of the sexual abuse investigation pursuant to the DOC policy DC ADM 008 section (3)(F)(a)." Defendants however ignored and failed to respond in written format to my written complaints and disregarded the risk of possible future harm by verbally stating " Our practice will not change we hate niggers and will continue to allow you to suffer the consequences for being a nigger and filing grievances."

39. Pursuit to DC ADM 008 section (3)(F)(a) the specific defendant involved in the 3/21/18 incident are to be temporary seperated away from plaintiff until the outcome of the investigation to protect plaintiff from further harm and retaliation.

40. In fact all defendants involved in 3/21/18 incident still were on the DTU and continued to harass and retaliate plaintiff with farther assaults while the investigation was still going on.

41. On 4/19/18 Henry and Dunkle told Merritts to pepper spray plaintiff because Maxwell told them about the grievance plaintiff filed on 4/10/18 about the sexual abuse.

42. 4/19/18 approx. 4:20 - 4:40pm on the DTU cell GC 1007 as the casmera footage will reveal, all defendants again but specifcly Dunkle and Henry told Merritts to spray Zamichieli because he continued to report them and plaintiff previously refuse to accept meals because of the

defendants threaten to drug him. Then Merritts told plaintiff to come to the door to be cuffed plaintiff complied put his hands behind his hands on the amperture and that is when Merritts pepper sprayed Zamichieli and stated " nigger that is for filing grievcances against me and my friends that are pending review by staff who notified me of your continued complaints!" (See Exhibit #D)

43. The camera footage of the incident on the unit as preserved and reviewed by defendants supervisor and hearing examiner showed Merritts pulling out his pepper spray and spraying plaintiff. The camera did not show Zamichieli allegedly as accused of, assaulting or attempting to assault any defendant including Merritts nor did plaintiff refuse any orders. (See Exhibit #D)

44. The pepper spray like before caused like before cause difficulty breathing, multiple seizure, pain impaired vision for at least 7 days .

45. Zamichieli continued to grieve the continuous pattern of abuse and the risk it has continued to cause. All defendants was notified by DOC central office and other Huntingdon employees of plaintiff complaints, but still no one has protected him from farther on going abuse.

46. From 7/20/18 to 8/17/18 Zamichieli grievances were pending final review and on 8/18/18 Henry, Parkes Merritts and Dunkle told plaintiff to withdraw all complaints and cease the appeal process or they will assault him in retaliation again and plaintiff replied " I can not do that because they are the only hope and resources I have for protection."

47. On August 19, 2018 approximate 4:05 - 4:55 pm at DTU cell GC 1010 as camera footage preserve will show Merritts and Parkes while all other were in the unit bubble watching from length told Zamichieli to come be cuffed and taken to POC and plaintiff complied and put his hand behind his back on aperture and that is when Merritts grab and pulled Zamichieli's hands very hard and repeatedly slammed the metal aperture, which is a weapon on Zamichieli hands very hard with force pushing his body weight and pressure and knee against the amperture stating " I bet you won't file any more grievances after I chop your hand off with this wicket you cotton picking nigger I know you regret the color of your skin and filing grievances!" (This was done in retaliation) (see Exhibit ~~A~~ E)

48. Afterwards Merritts stepped back pull his pepper spray out at Zamichieli, threaten, sprayed Zamichieli then left the aperture unsecured Parkes, approached and put a metal shield in front of his cell door, but at no time did plaintiff reach out the aperture to assault any one prior to or after the shield was placed on Zamichieli's door. The shield was with in Zamichieli's reach but he did not move or attempt to move it. Plaintiff was not combative assaultive or resistant nor did he refuse any orders at any time as falsely accused.

49. Merritts admitted in his misconduct report at exhibit # F that he shut the aperture on Zamichieli's hands and that Parkes was some how an involved officer.

50. As a direct result of the defendant's pattern/ practice retaliatory, racial excessive force of a continuance unconstitutional course of conduct,

Zamichieli's right hand/knuckle was bruised swollen and bleeding. X-Ray report at exhibit # G to I, revealed a fractured bone in Zamichieli's right hand the report is dated 8-21-2018. Such fracture resulted in extreme pain and suffering and a cast/splint was put on Zamichieli's right hand and remained for several weeks.

51. Zamichieli was then prescribed Tylenol for pain 4x per day for several consecutive on going months. (See ; Exhibit # H and G)

52. Therefore all of the above material facts demonstrate a practice and pattern of abuse and cruel and unusual punishment and retaliation for on goings complaints filed against all of the same defendants on the same unit for all incidents of abuse against plaintiff because of the color of his skin and his right to file grievances. This was a wide spread practice that all defendants knew about and participated but did not cease farther abuse leading to plaintiff's numerous of substancial and numerous injuries. As a result of Maxwell, Brumbaugh and Walters failurew to train and monitor the SCI Huntindon DTU officer's for their physical and sexual behavior and history they allowed for a pattern and this conduct to persist and each example of excessive force resulted from the same pattern or practice involving all the same defendants on the same unit on multiple occassion. Such actions was so significant and similiar in nature as to indicate such a pattern of accepted conduct by defendants; therefore demonstrating a series of transactions and occurences of continuance course of retaliatory, racial abusive conduct.

EXHAUSTION OF REMEDIES

53. Plaintiff Zamichieli has fully exhausted all of his available remedies pursuant to all PADOE policies. Filed grievances and appeals all to final review which were denied relief as he addressed all incidents of pattern of excessive force by all defendant's repeated physical and sexual assaults towards him in retaliation for his race and filing of grievances. Exhausted pursuant to DC ADM 008 and DC ADM 001 and DC ADM 804 which the policies permits oral and written reports of abuse which plaintiff has made both. (see: exhibit A-Z as attached supporting evidence of facts material claims and exhaustion as incorporated by reference)

see, Exhibit #A through J
#A - C Refer to ABUSE
of 3/21/18 Exhibit #D
Refer to 4/19/18 ABUSE
Exhibit # D-J Refer to
8/19/18 ABUSE

LEGAL CLAIMS

54. Paragraph 1 through 53 is realleged/restated and is incorporated by reference to and into this section of legal claims all material facts, evidence and paragraphs respectfully.

55. All listed Defendants violated Plaintiff Zamichieli's 8th amendment right of the U.S. Constitution by using a pattern, practice and series of excessive use of force against Plaintiff by repeatedly physically and or sexually assaulting him on multiple occasions by intentionally maliciously and sadistically ^{with out} valid or justifiable reasons by pepper spraying him, roughing slamming and pinning him to the wall and placing arms against his neck and holding him down while all other present defendants insert a penis into his rectum and shoved soda bottle inside of his rectum while Zamichieli remained and was already handcuffed behind the back and then repeatedly slamming the metal aperture on his hand causing extreme pain, discomfort, impaired vision, seizures, trouble breathing, and fracture of Zamichieli's right hand although at no time did plaintiff

refuse any orders, nor was he combative, resistant, or assaultive as all defendants was present, participated, and had knowledge of the risk of attacks prior to and after each attacks but failed to protect from all harm.

56. All listed Defendants violated Plaintiff Plaintiff Zamichieli's 8th amendment right of the U.S. Constitution by sexually assaulting him by roughing slamming and pinning him to the wall and placing arms against his neck and holding him down while all other present defendants insert a penis into his rectum and shoved soda bottle inside of his rectum while Zamichieli remained and was already handcuffed behind the back although at no time did plaintiff refuse any orders, nor was he combative, resistant, or assaultive as all defendants was present, participated, and had knowledge of the risk of attacks prior to and after each attacks but failed to protect from all harm.

57. All listed Defendants violated Plaintiff Plaintiff Zamichieli's 1st amendment right of the U.S. Constitution by retaliating against him in the form of repeatedly physically and sexually assaulting him with pepper spray and slamming the metal aperure on his right hand causing extreme pain, trouble breathing ,impaired vision, seizures etc. because(1) plaintiff's race, color of his skin and (2) of Zamichieli's repeated continously filing of grievances against all defendant for shoving penis and bottles in his rectum and previous attacks as defendants made comments prior to and after the attacks such as "stop filing grievances on (us) or you will be subjected to more attacks, worst and consistant." and "nigger that's for filing grievances against me and my friends who was notified by other staff about your repeated complaints." and "i bet you file anymore grievances after i chop your hand off with this aperture."

REQUEST FOR RELIEF

58. Plaintiff requests \$55,000 (fifty-five thousand dollars) compensatory damages from each and every defendant for all claims jointly and

severally.

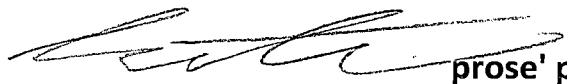
59. Plaintiff requests \$75,000 (^{Seventy Five}~~fifty~~-five thousand dollars) punitive damages from each and every defendant for all claims jointly and severally.

60. Plaintiff requests that the defendants pay all associated court costs, filing fees, informa pauperis, cost of litigation and \$ 250,000 for attorney fees.

61. Plaintiff requests a trial by jury and any all other equipable relief the court may grant that defendants violated plaintiff's rights secured by const.

VERIFICATION

62. I, Plaintiff; Lamont Zamichieli verify and sworn under oath that each and every statement and facts and all paragraphs within this "Second Amended Complaint" and exhibits are correct and true to the best of my knowledge, information, belief and understanding. I also understands that that i verify under penalty of perjury pursuant to 28. u.s.c § 1746 and 18. pa. §§ 4904.

Signed:  prose' plaintiff at SCI- Phoenix

October 11, 2022

Lamont Zamichieli inmate # LW- 2870

Civil#3:20-CV 00180-MEM-DB Zamichieli v. J.B. Merritts etal

1200 mokychic Drive

Collegeville, PA 19426


Exhibit # A
2 pages

GRIEVANCE REJECTION
SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

C1007

rec'd 4/16/18
4/16/18
6:05pm

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System," I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	730775		
Decision: Rejection			
<input checked="" type="checkbox"/>	Your grievance is being rejected for the reason(s) outlined below.		
Rationale:			
<input checked="" type="checkbox"/>	1. Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator.		
<input checked="" type="checkbox"/>	a) DC ADM 008 Prison Rape Elimination Act (PREA) - allegations of a sexual nature against a staff member and/or inmate-on-inmate sexual contact.		
	b) DC ADM 801 Inmate Discipline/Misconduct Procedures		
	c) DC ADM 802 Administrative Custody Procedures		
	d) DC ADM 803 Inmate Mail and Incoming Publications, Section 3, E.		
	2. The grievance was not submitted within 15 working days after the events upon which claims are based.		
	3. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.		
	4. The grievance was not signed and/or dated with correct commitment name or number, contained UCC references, or was not presented in proper format.		
	5. Grievance must be legible, understandable, and presented in a courteous manner.		
	6. The grievance exceeded the two page limit. Description needs to be brief.		
	7. Grievance does not indicate that you were personally affected by a DOC or facility action or policy.		
	8. Grievances based upon different events must be presented separately.		
	9. The issue(s) presented on the attached grievance has been reviewed or is currently being reviewed and addressed in prior grievance		
	10. Group grievances or grievances filed on behalf of another inmate are prohibited.		
	11. Grievance disputes previous grievances, appeal decisions, or staff members who rendered those decisions.		
	12. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # , submitted on		
	13. You have not provided this office with the required documentation for proper review such as a DC153A Personal Property Inventory Sheet, Confiscated Items Receipt, Commissary/Outside Purchase Form, or documents outlined on the DC ADM 005 Notification of Deductions memo and/or the Notification of Amended Deductions memo.		
	14. The publication appeal did not include a copy of the Notice of Incoming Publication Denial form (Attachment 3-B of DC ADM 803).		
Response:			
Sexual abuse is taken seriously by the Department of Corrections. Any allegations of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual contact must be investigated to make sure that inmates are safe in this facility. This grievance is being forwarded to the Security Department and the PREA Compliance Manager to start that investigation.			
Signature:			
Title:	Facility Grievance Coordinator		
Date:	4-10-18		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual


Section 1 – Grievances & Initial Review

Issued: 1/26/2016

Effective: 2/16/2016

Attachment 1-C

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MS. Green	FACILITY: SCI-Huntingdon	DATE: 4/8/18
FROM: (INMATE NAME & NUMBER) Lamont Zomicchieli PLW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: nf LW2870	HOUSING ASSIGNMENT: GL007 DTU	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. *(employees to be searched upon arrival in Ritu/DTU) Relief: Breathe to release*
2. State your grievance in Block A in a brief and understandable manner. *Relief: Transfer to another facility*
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. *Relief: Release to General Population in next 20 days!*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two ~~two~~ **two** pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. *Relief: Doc*

PER DOC Policy Tobacco Products, smoke/smokeless tobacco, etc, is prohibited from use in designated areas of The Prison, not allowed in Ritu/DTU! Policy to be followed by inmates and employees. PA DOC Policy: These tobacco products being used in DTU/Ritu by both staff/inmates who say they receive from officers in DTU/Ritu directly or indirectly through spit, etc. This is a safety/security risk of ~~the~~ contraband, etc. my risk health is in danger. Through second hand smoke, tuberculosis, Hepatitis and other bacterial infection contagious disease on 3/21/18 around 4:00-5:00pm on DTU, I was violated sexually in strip cage of DTU with Chew tobacco spit and 0 bottles that contain spit, saliva filled by officers Henry/Parkes... Spit was spilled shaved in Butt during search strip, numerous of days such as 3/21/18, 3 weeks prior and up to this date these employees/officers 2-10 shift etc working DTU and Ritu walks around in DTU/Ritu escort inmates as myself and delivering mail, meal trays, etc with spit Chew tobacco snuff in their mouths, dripping from their mouth etc. walk around with soda bottles full of spit flavoured saliva of tobacco in their pockets and cameras will confirm on numerous of dates up to 4/4/18 DTU/Ritu officers pull bottle out of pocket, spit in it or spit in trash can they touch with gloves or bare hands then escort me or pass out meals with contaminated hands, touching items such as sickle requests etc they must give us upon request or I will be denied access to medical being on way to group room, I stepped in spit tobacco pieces snuff by unknown officers who spit tobacco on ground near group room, it got stuck to bottom of my shoe. cameras will confirm.

B. List actions taken and staff you have contacted, before submitting this grievance. *Relief: Doc*

use tobacco products... LT Dunkle, 40stover, C/o Henry, C/o Chilote, C/o Parkes III numerous of other unknown identity of officers who enter DTU from Ritu to escort DTU serious mental ill inmates to group out of cell. I was personally affected by this. I may have contracted TB or cancer disease from it. plus on occasions, I spit tobacco Chew snuff looking tobacco specks or spit saliva in my meal trays which occasions caused me to be denied food/meals and not eat my life. I had other employees and inmates health are in danger because officers/employees violate DOC policy and DOC code of ethics.

Your grievance has been received and will be processed in accordance with DC-ADM 804.


Signature of Facility Grievance Coordinator

4/10/18
Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

Exhibit # B
page

ZAMICHIELI, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC-472K - Progress Note - Medical Narrative

Facility:

SCI HUNTINGDON

Date:

03/26/2018

Time:

21:51:17

Narrative:

Sick call slip received from inmate in which inmate reported that on 3/21 he had smacked head on his bunk and was then sexually assaulted by co's. Inmate did not have any complaints and was smiling when this nurse administered his nighttime medications. Sick call slip forwarded to Lt. Dunkle in which Lt. Dunkle told this writer that inmate had been in a camera cell days before 3/21. Lt. Dunkle to forward sick call slip to Lt. Maxwell.

Save Log

User Name	AuditDateAndTime
DEDEA, ALEXA, RN	03/26/2018 21:56:20
DEDEA, ALEXA, RN	03/26/2018 21:51:40

DC-472K - Progress Note - Medical Narrative

DC-472K - Progress Note - Medical Narrative -- Narrative textbox for Medical

Patient Name: ZAMICHIELI, LAMONT

Patient Number: LW2870

Location: E-C-1001-01

DOB: 7/11/1989

Facility: SCI CAMP HILL

Electronically Signed By DEDEA, ALEXA, RN on 03/26/2018 21:56:20

DC-472 - Progress Note Medical Provider**Date/Time:**

03/30/2018 12:02

Facility:

SCI HUNTINGDON

Subjective:

Pt presents with requests for pain for his head. Pt states he wants a xray of the head and ct pf brain because he thinks there is something in there. Pt states he had a seizure but no LOC. He stated he hits his head on metal and floor but the staff reports that did not hit head on these items but actually hit his hand and not the head. No vision changes. Pt notes that has poor memory. Pt reports that the CO encouraged pt commit suicide by banging head against the cell and items in the cell. Pt notes vision issues but these are not acute. Pt has no numbness or weakness Pt has seizures in the past and on Keppra for several years

Objective:

NAD VS b/p 102/70 P 70 resp 18 regular o2 98 % ra

skin pink without cyanosis pallor redness open area jaundice

NC/AT tm's shiny gray bilat PERRL EOMI throat pink without lesions uvula midline airway intact neck supple no swelling of the scalp

cardiac rrr

lungs vesicular without wrr

abdomen Pos bs nno organomegally no pain topalp

Cn II through XII intact a and Q x3 recall three times pt is only able to recall two of the three Pt able to recall family issues strength +5/5 gait intact DTR's +2/4

denies SI/II at the time of the visit

Assessment:

seizure disorder R56.9 - Seizures, convulsions, other - [KHANUM, SHAISTA] - 2015-11-02G89.29 - Pain, chronic, other - [DOLL, CHRISTINA] - 2016-06-06R51 - Headache, unspc. - [RIDINGS, LORI] - 2017-03-15H57.9 - Eye disorder, unspc. - [GOMES, MICHAEL] - 2017-05-30

Plan:

ACETAMINOPHEN 500MG CAPLT (TYLENOL EX STR) [MEDICAL] -- [TAKE 1 TABLET(S) ORALLY FOUR TIMES DAILY AS NEEDED] - (3/8/2018 - 5/6/2018)

LEVETIRACETAM 1000MG TAB (KEPPRA) [MEDICAL] -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] - (2/6/2018 - 9/3/2018)

followup in five days on PA line for recheck or sooner numbness weakness nvd headache seizure activity or other problems arise

Other:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
KING, KATHERINE, PA	03/30/2018 12:16:11

DC-472 - Progress Note Medical Provider
DC-472 - Progress Note - For Medical Provider use only

Patient Name: ZAMICHIELI, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By KING, KATHERINE, PA on 03/30/2018 12:16:11

Exhibit C
20 Documents

Initial #728525

728525

7/2
HVI

DC-804
Part 1

Pg 1 of 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

Re-submit # 728525
Abuse Policy DCADM 804
excessive force

FOR OFFICIAL USE
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MS Green	FACILITY: SCI-Huntingdon	DATE: 3/30/18
FROM: (INMATE NAME & NUMBER) Lamont Zamichieli # LW2870	SIGNATURE OF INMATE: <i>[Signature]</i>	Secretary's Office Inmate Grievances & Appeals
WORK ASSIGNMENT: NA	HOUSING ASSIGNMENT: G C1016 DTC	JUN 14 2018

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Re-submit # 728525... on 3/21/18 between 7:00-8:00pm all involved officers/employees at SCI Huntingdon on DTU used Planned Malicious Intentional excessive force on me, a serious mentally ill inmate "D" stability then denied/delayed me medical and mental health injuries, obtained LT Dunkle ordered DTU officers to pepper spray O.C. MACE spray on me in strip cage of DTU while I was knocked unconscious/losing seizure. Days later upon investigating I was told by numerous officers/inmate who witness and heard staff saying I was to be feared out of mouth/breeding as he was having seizure. I was told that officers involved others, force was planned according to recollection of threats by LT Dunkle hours before on same day! He stated he wanted to harm me and will when he get chance to if I switched from sexual abuse/bribery while escaping me back from DTU medical observation on 3/21/18. Used excessive force discretion to pepper spray me while I was knocked unconscious/seizure. From serious medical needs/disorders, on 3/21/18 between 6:57pm while on DTU G C1016 camera inmates... These officers saw me banging my head hard against metal bunk frame and didn't report or help when I told them I was feeling suicidal and needed to be medicated. Report sexual abuse, they ignored and made a joke of me threatened to harm me more. Camera footage available and requested to be saved all cameras. Force was used on me in strip cage when I was unconscious/medical seizure etc... I don't remember much, so I request cameras to be saved shown as evidence on 3/21/18 at 7:00-8:00pm... hand held camera/strip cage camera etc. Wake up being sprayed with O.C. spray after knocked out unconscious/seizure from self injury. Behavior head banging to wall door etc. I was no longer harm threat to myself or others while unconscious/in need of medical treatment. Instead of treating me as patient I was treated as a criminal. Your grievance has been received and will be processed in accordance with DC-ADM 804.

B. List actions taken and staff you have contacted, before submitting this grievance.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

Initial # 728526

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

Pg 2 of 2

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>MS Green</i>	FACILITY: <i>Huntingdon</i>	DATE: <i>3/30/18</i>
FROM: (INMATE NAME & NUMBER) <i>LAMONT Zamicheli # LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NA</i>	HOUSING ASSIGNMENT: <i>G1016 DM</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
 2. State your grievance in Block A in a brief and understandable manner. (Refer to 200,000 Review: Concerns/Records)
 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. *I suffer head concussion & brain injuries & blind eyes due to excessive force & physical abuse.*
- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. *I believe it is necessary for me to add all details in this one grievance because it all happened/occurred series of pattern. First officers used excessive force on me then they told nurse Ashley to deny me adequate medical care for injuries of Black eyes, head injuries, possible concussion etc on 3/21/18 incident. It should all be on camera. No scenes should be missing. If scenes are missing, information that will substantiate with laws of abuse/sex abuse, excessive force, medical neglect, etc. I was planned to be in evidence. All parties listed on 3/21/18 incident. I was knocked unconscious in DM. Staff cage staff in DM. I was in need of medical attention on 3/21/18. I was sprayed with pepper spray on me. CSJ was told by multiple employees/inmates who witnessed and overheard officers maliciously planning to spray me and hide footage of DM. If I was unconscious on seizure, how could inmates be able to respond to orders given by employees who know and see inmate is in need of medical attention??? Blast of a whole can of pepper spray used on me. I request cameras to be saved for civil court review. LT Dunkle + officers physically harmed me. I now suffer trouble breathing, blurry vision, eye issues, dizziness, nausea, chest pains, seizures, migraines etc from use of excessive force. IT Dunkle and DM officers has policy to practice us as excessive force on mentally ill inmates in DM. I and others had witnessed officers maliciously spray inmates and then later on brag about it. Grossly negligent for it. USAs it CSJ used weapon to punish and harm inmates on purpose. I now live with fear, constant worry PTSD of being harmed on purpose again if I was not changed or if I have to be housed in DM at this facility of illegal policies. When Property released your grievance has been received and will be processed in accordance with DC-ADM 804. My medical nurse Ashley for injuries received in Prison.*
- B. List actions taken and staff you have contacted, before submitting this grievance.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/26/2016

Effective: 2/18/2016

Attachment 1-A

2018

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	728525		
Publication (if applicable):			
Decision:	<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part		
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	<div style="text-align: right; border: 1px solid black; padding: 2px;">Favorable</div> <p>You claim in your grievance that on 3/21/18 staff used excessive force. You also claim that Lt. Dunkle tried to bribe you and extort you. An investigation was conducted regarding your allegations. The records reflects that your issues were adequately addressed. There is nothing new to add to the responses you already received. The record reflects that OC spray was used due to you harming yourself. You have failed to provide any evidence to substantiate your claims. Therefore, your requested relief is denied.</p>		
Signature:	Dorina Varner <i>Dorina Varner</i>		
Title:	Chief Grievance Officer		
Date:	7/5/18		

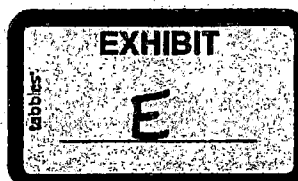
DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 1/26/2018
 Effective: 2/16/2016

Attachment 2-F



INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name	Zamora	Inmate Number	LW2870
Facility	Huntingdon	Unit Location	3-2001
Grievance #	728525	Grievance Date	3/30/18
Decision: <input type="checkbox"/> Uphold Inmate <input type="checkbox"/> Uphold in Part/Deny in Part <input checked="" type="checkbox"/> Grievance Denied			
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response: <i>Evangelos</i>			
<p>I have received your grievance in which you allege that excessive force was used on you, Lt Dunkle tried to bribe and extort you, and staff has abused you to the point where you need camera coverage on you at all times. I have investigated your grievance talked to staff, to include Lt Dunkle, and reviewed videos of the stated incidents. You have several different claims in this grievance and I will attempt to answer all of them.</p> <p>You allege that on 3/21/18 that staff used excessive force on you. When you continuously refuse to follow orders of staff including Lt. Dunkle and you attempt to commit self-harm by banging your head on doors and the DTU processing unit, the staff have no other course of action except to use OC or other means to stop you from attempting to harm yourself. You make allegations that Lt Dunkle is doing this because he wanted to give you cell phones and drugs to set up other inmates with the contraband. This is a lie. I have talked to Lt. Dunkle and No such offer has ever been made or implied by him or any other staff. You claim you need to be on camera at all times when you are out of your cell. There is camera coverage all over the DTU. With the amount of camera coverage on the DTU, you can be observed on camera every time you exit your cell. There is no need to have a handheld camera on you every time you exit your cell. You question the fact that you are not getting medical needs or you mental needs addressed properly. Every time you have a problem or a concern, when you commit or attempt to create self-harm. Then medical department is notified and they will see you at your cell or pull you out to be checked. I have checked your ICAR and have noted numerous entries by Mr., Diehl and Mr. Parsons regarding making contact with you and checking on your wellbeing. If you would start following the institutional rules and regulations, and policies and procedures the DTU staff would never have any problem with you and you could work off your DC and be released to population.</p> <p>For the above reasons this grievance and all relief sought is denied.</p> <p><i>green</i></p>			
Signature:	<i>A. K. H. H. H.</i>		
Title:	RHU/DTU UM		
Date:	4/25/18		

cc: Superintendent
DC-15
File

5100d


DE-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SHERIFF - KATHLEEN J. O'NEILL	FACILITY: JAIL HUNTINGTON	DATE: 4/2/12
FROM: (INMATE NAME & NUMBER) LEMON ZACHARY II LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: NA	HOUSING ASSIGNMENT: GC1009 DM	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form, and one one-sided 8½" x 11" page). State all relief that you are seeking.

Appeal # 728525 to facility manager under Abuse Policy of New Orleans Prison. The following facts as true: (1) 3/21/18 between 7:00-8:00pm all officers/employees named in original first level grievance used excessive force maliciously/intentionally while I was in need of medical attention unconscious/severe epilepsy disorder to harm me. (2) camera footage of whole scene of incident is saved available for review and counts will need them saved. (3) SEC Huntington has a policy to spray pepper first and ask questions never... based on verbally told by EFO Henry, Poma, LT Dunkle, un-kendrick. (4) Huntington's policy is to pepper spray inmates who is in trouble in cell or strip cage unconscious, having seizure, heart pain etc. I was in need of medical care for seizure & heart issues because employees took from their own safety when inmates are unconscious unresponsive. (5) As what un-kendrick told me, as he train his officers to use excessive force on mental ill inmates, m.d.m. (6) No orders could be given to me and I couldn't refuse to follow orders since I was unconscious, unresponsive and/or having seizure in need of medical attention. (7) I didn't attempt to prevent self harm or hang my head because I did hang my head to stop wall and involved myself in corner and trigger seizure attack and all employees failed to prevent it but pepper sprayed me multiple times I was involved unconscious seizure and unresponsive. (8) These officers didn't need to spray me. (9) I was in cell 1010 where I was being held at the time. The B. List actions taken and staff you have contacted, before submitting this grievance. I was involved unconscious unresponsive seizure. I tried to prevent self harm and majority planned to harm me as LT Dunkle threatened earlier that they say I want to spray me and he will when chance is given because I turned down his offer as he wanted to bring in cell phone, drugs for me to get other inmates up, so he can take attention off of himself and other employees who did but didn't get caught as other employees.

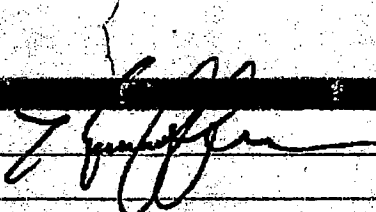
Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

Facility Manager's Appeal Response
SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Institution:	GC-Unit
Grievance#:	728526 728525		
Decision: <input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely			
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:			
<p>In reviewing your grievance and appeal, I note that your concern with the use of OC was appropriately addressed by Mr. Kendrick. In your appeal, you repeat the claims presented in your initial grievance. You believe staff maliciously planned to harm you and that you were pepper sprayed for trying to report sexual abuse. In his response to your initial grievance, Mr. Kendrick explains why staff had to use OC on you. He notes your numerous mental health contacts to ensure your wellbeing. I find no evidence staff used OC inappropriately or that there was any malicious plan to harm you. I can only encourage you to refrain from the types of behaviors that result in the use of OC.</p> <p>In closing, I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:	Kevin Kauffman		
Title:	Facility Manager		
Date:	5-23-18		

cc: DC-15
File

DC-804 **Appeal to Final Review # 728525**
Part 1 COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

728525

TO: FACILITY GRIEVANCE COORDINATOR <i>Final Review level</i>	FACILITY: <i>SCI-Huntingdon</i>	DATE: <i>6/7/12</i>
FROM: (INMATE NAME & NUMBER) <i>L. Groot Zamichien #LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NA</i>	HOUSING ASSIGNMENT: <i>SC1010 ATU</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Appeal # 728525 to Final Review Presents the following facts below:
PER 13.8.1, 6.3.1, and 6.5.1 PA DOC Policies and the ADM-201, being as I am a (SMD) Serious Mentally ill inmate Stability "D" roster individual I was to be given the LESS USED force to prevent me from self injury or while I was unconscious, unresponsive, seizure, in need of medical attention to serious medical-mental health needs as quoted in the ADM-201 section 1, B, and 2 under instruments of restraints and the 6.3.1 Facility Security Section 33, Restraints. I was not to be pepper sprayed. I was to be restrained placed in cuffs and placed in a restraint chair. To cause harm on individual for (SIB) self injurious behavior as quoted in the 13.8.1 and the 6.3.1 DOC policies is a planned use of unnecessary force in which violates my due process 14th amendment and 8th amendment cruel/unusual punishment secured by the U.S. constitution also falls within guide lines of ADA and section 504 of RA. Prohibited discrimination based on mental health qualified schizoaffective disorder, bipolar and seizures epilepsy, etc. To inflict injury on a (SMD) individual causing (SIB) self injuries behavior or caused to injury already in past, is a matter of abuse as quoted in the ADM-201 DOC Policy. And an act of unlawful use of force as quoted in section 2 of the ADM-201 under A, review 5, 6, and 7 appropriateness of the level of force used in any potentially problematic issues and recommendations of follow up actions. In which the policy rules and regulations are your grievance has been received and will be processed in accordance with DC-ADM 804. a bridge to fit

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

The Linking which viol the code of ethics as under B.1, 2, and 3.

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/16/2016


Attachment 1-A

GRIEVANCE REJECTION
 SCI-Huntingdon
 1100 Pike St.
 Huntingdon, PA 16654-1112

DTU

ccoby160
 remm175
 3/30/18
 6:20pm

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System," I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	728525		
Decision:	Rejection		
<input checked="" type="checkbox"/> X	Your grievance is being rejected for the reason(s) outlined below.		
Rationale:	<ol style="list-style-type: none"> Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator. <ol style="list-style-type: none"> DC ADM 008 Prison Rape Elimination Act (PREA) - allegations of a sexual nature against a staff member and/or inmate-on-inmate sexual contact. DC ADM 801 Inmate Discipline/Misconduct Procedures DC ADM 802 Administrative Custody Procedures DC ADM 803 Inmate Mail and Incoming Publications, Section 3, E. The grievance was not submitted within 15 working days after the events upon which claims are based. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility. The grievance was not signed and/or dated with correct commitment name or number, contained UCC references, or was not presented in proper format. <input checked="" type="checkbox"/> X Grievance must be legible, understandable, and presented in a courteous manner. The grievance exceeded the two page limit. Description needs to be brief. Grievance does not indicate that you were personally affected by a DOC or facility action or policy. <input checked="" type="checkbox"/> X Grievances based upon different events must be presented separately. The issue(s) presented on the attached grievance has been reviewed or is currently being reviewed and addressed in prior grievance Group grievances or grievances filed on behalf of another inmate are prohibited. Grievance disputes previous grievances, appeal decisions, or staff members who rendered those decisions. You are currently on grievance restriction. You are limited to one grievance every 15 working days. Last grievance # _____, submitted on _____ You have not provided this office with the required documentation for proper review such as a DC153A Personal Property Inventory Sheet, Confiscated Items Receipt, Commissary/Outside Purchase Form, or documents outlined on the DC ADM 005 Notification of Deductions memo and/or the Notification of Amended Deductions memo. The publication appeal did not include a copy of the Notice of Incoming Publication Denial form (Attachment 3-B of DC ADM 803). 		
Response:	It is unclear from your grievance what your complaint is. You present issues with the DTU officers and with medical staff. If you can clarify your complaint, you may resubmit your grievance in accordance with DC ADM 804.		
Signature:			
Title:	Facility Grievance Coordinator		
Date:	3-29-18		

cc: DC-15
 File


Pg 1 of 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE 728525 GRIEVANCE NUMBER

Filed- DC ADM 804 abuse policy!

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR MS. Green	FACILITY: SCI Huntingdon	DATE: 3/27/18
FROM: (INMATE NAME & NUMBER) Lamant Zamicheli #LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: Wk	HOUSING ASSIGNMENT: G1016 DTU	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. *Relief: to see head injury specialist, Dr. [unclear]*
2. State your grievance in Block A in a brief and understandable manner. *Relief: Camera footage to be saved ASAP!*
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. *Relief: 200,000 cash expense free desired medical mental care!*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. *Relief: Transfer from Huntingdon to another DOC facility!*

on 3/21/18 between 7:00-8:00 pm all involved employees of SCI Huntingdon on DTU used plan excessive force on me a seriously mentally ill inmate "D" risk, stability and I was denied/delayed medical/mental health care by medical employees. LT Dunkle ordered his DTU/RHU officers to pepper spray OC spray on me while I was knocked unconscious and on having seizure. I was told by various officers (names dyslexia) that LT Dunkle order Clo Chilote, Clo Wilker, Clo Fochman, Clo Stover and multiple other unknown officers to used malicious force and spray me because of symptoms of mental health disabilities which caused serious medical needs. All employees showed deliberate indifference to my serious medical needs. on 3/21/18 between 6:57 PM while in DTU camera cell G1016, Clo Henry and Clo Parkes III was officers not trained but working on DTU, I banged my head hard against metal Bed Frame Bulk a window and door inside of cell and told these officers I needed to report sexual abuse and I felt suicidal. They made fun of me ignored me and told me to kill myself. on this date moment later Nurse Ashley and Clo Sperry care on DTU for PM pill line. I smashed my head against door multiple times hard while they was at my door. I told them I'll continue to bang my head until I knock myself out if they refuse to protect me from self harm. I took a picture with a hot hotting until I was taken to strip cage by Clo Stover. I walked out of cell cursed them back.

B. List actions taken and staff you have contacted, before submitting this grievance. *Relief: Employees stop using excessive force on me. Also transfer me to another facility. Request save all camera footage.*

I told As Delitti, told Connie Green - was told to file grievance under ABUSE present to DCADM COI mental emotional physical psychological abuse. To date, I put in sick call request slo which was ignored. Plus while in G1016 strapped cell straps, I made verbal request for medical but was denied. Ignored maliciously & told multiple nurses during pill lines. I'm on med for seizure epilepsy high blood pressure behavior. I now have migraines, confusion, loss of memory, dizzy, pain.

Your grievance has been received and will be processed in accordance with DC-ADM 804. *IN NEAR Symptoms of possible concussion*

Signature of Facility Grievance Coordinator **Connie Green** Date **3-29-18**

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy GOLDEN ROD Inmate Copy

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Dr. Green</i>	FACILITY: <i>San Huntington</i>	DATE: <i>3/20/18</i>
FROM: (INMATE NAME & NUMBER) <i>Leonard Zurchieli # LW2870</i>	SIGNATURE OF INMATE: <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NA</i>	HOUSING ASSIGNMENT: <i>SC1016 SC1016 DTU</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Resubmit # 728525. Please excuse my writing due to blurry vision. Missing my glasses. Brain injuries from concussion on 3/1/18. ON 3/1/18 around 7:00 - 8:00pm all involved officers in my cell used excessive force planned force maliciously intended on me after threats. They used excessive force on serious mental illness. Disability discharge related against me for lawsuit + asking to report sex abuse. Bribery which happened hours before. By LT. Dunkle and other officers. I was then delayed denied access to mental care medical for injuries obtained. LT. Dunkle ordered DTU/PHU officers to pepper spray OC Mace on me while I was unconscious/seizure in DTU strip cage on above time/date. Days later upon investigating I asked various officers/transfer who witnessed this excessive force what happened. They say they heard officers say Zurchieli reported chest pain, and wanted to report sex abuse. He felt suicidal he banged his head on metal bunk, window, door in cell and did some in DTU strip cage and knocked himself unconscious and appeared to be having seizure due to foam/blood exiting his mouth. LT. Dunkle is responsible for telling the whole story, clo Foster, clo Forchman, clo Henry, clo Ponder and other employees to spray me with pepper spray while I was supposedly unconscious. It was planned force by employees, as a retaliation of threats by LT. Dunkle Bribery sex abuse. Bring in cell phone drugs for me to set others up for criminal charges. I rejected the offer. He stated he will harm me when he get chance to while being escorted back to DTU from medical observation. AOC on 3/1/18. I want a request to be housed in a different cell.

B. List actions taken and staff you have contacted, before submitting this grievance. Until end of investigation for any protection from retaliation process. I am in a cell to charge me. I want a hand held audio visual camera on metal bunk to prove what is being done/said by officers. ON 3/21/18 between 6:57am until 7:00am I called DTU/PHU SC1016 clo Henry clo Ponder. Saw me banging head repeatedly to door/bunk but failed to report respond or care of this deliberate inmate plus with serious of me banging head ten several cases in this case have been. I want to find out.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator *[Signature]* Date *4.5.18*

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

Form DC-141 Part 1
Rev. 12/2017

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

D 113601

☒ MISCONDUCT REPORT ☐ OTHER ☐ DC-ADM 801 INFORMAL RESOLUTION

DC Number LW2620 Name Zamicheli Institution SCI-H Incident Time 24 Hr. Base 2000 Incident Date 3/21/18 Date of Report 3/21/18
Quarters GC 1016 Place of Incident DTU Secure Search Area

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

DC Number	Name	I	W	DC Number	Name	I	W

MISCONDUCT CHARGE OR OTHER ACTION

Class 1 #35 Refusing to Obey an order

STAFF MEMBER'S VERSION

Sir on the above date and time this office gave inmate Zamicheli a direct order to stand up and follow the strip search orders, this order was refused. This officer gave several more orders for inmate Zamicheli to comply with the strip search, inmate Zamicheli refused all orders. This resulted in an unplanned use of force.

Delay in Report because of Room placement.

IMMEDIATE ACTION TAKEN AND REASON

Investigated, no further inquiry. Not eligible for informal resolution due to resulting in unplanned use of force. Inmate to remain present status (L-5) until seen by hearing examiner inmate informed.

PRE-HEARING CONFINEMENT

	IF YES
<input type="checkbox"/> YES	TIME DATE
<input checked="" type="checkbox"/> NO	<u>presently confined</u>

FORMS GIVEN TO INMATE

☒ REQUEST FOR WITNESSES AND REPRESENTATION

☒ INMATE'S VERSION

REPORTING STAFF MEMBER
SIGNATURE AND TITLE

ACTION REVIEWED AND APPROVED BY
RANKING C.O. ON DUTY SIGNATURE AND TITLE

DATE AND TIME INMATE GIVEN COPY

YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER
DATE 3-23-18 TIME 0800

MISCONDUCT CATEGORY

Signature of Person Serving Notice

☒ CLASS 1 ☐ CLASS 2

Notice to Inmate

You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say shall be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you shall be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have shall be revoked.

WHITE - DC-15

YELLOW - Inmate

PINK - Reporting Staff Member

DC-ADM 801, Inmate Discipline Procedures Manual

Section 1 - Misconducts/Rule Violations

Issued: 12/1/2017

Effective: 12/1/2017

Attachment 1-B

DTU 1016

FORM DC-141 PART II B

COMMONWEALTH OF PENNSYLVANIA

DISCIPLINARY HEARING REPORT

DEPARTMENT OF CORRECTIONS

DC Number LW2870	Name Zamichieli, Lamont	Institution Huntingdon	Hearing Date 3/27/2018	Hearing Time 1035	No. from PART I D113601
---------------------	----------------------------	---------------------------	---------------------------	----------------------	----------------------------

INMATE

☐ Guilty

☐ No Plea

Verdict

☒ Guilty

PLEA

☒ Not Guilty

☐ Other

☐ Not Guilty

HEARING ACTION

CHARGES 35

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Inmate Zamichieli pleads not guilty to charge #35.

Inmate stated that he was being suicidal and was knocked out.

This HEX believes the written report of CO1 Spory, over Inmate Zamichieli's denial, about how Inmate Zamichieli did refuse direct orders to stand up and follow strip search orders. His actions resulted in a unplanned use of force. A preponderance of evidence exist to support charge #35.

Guilty #35 - 30 Days DC
Consecutive

- | | | |
|---|-----------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The inmate has heard the decision and has been told the reason for it and what will happen. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The circumstances of the charge have been read and fully explained to the inmate. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The opportunity to have the inmate's version reported as part of the record was given. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review. |

Attachment 1-C

SEE APPENDICES



NAME(S) OF HEARING EXAMINER/COMMITTEE

S. Ellenberger
Hearing Examiner

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.



Cc: DC-15, Inmate Cited, Staff Member Reporting Misconduct, Deputy Superintendent

DTU 1016

Grievance Coordinator

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS


Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)
MS. GREEN Grievance Coordin.

2. Date: 3/27/18

3. By: (Print Inmate Name and Number)
Lamont Zornich # 102870

4. Counselor's Name
C. Banks


Inmate Signature

5. Unit Manager's Name
C. Kendrick

6. Work Assignment
COR N/A

7. Housing Assignment
C. Kendrick

8. Subject: State your request completely but briefly. Give details. CC: Courts, Attorney, File Contact Office

Hello, how are you? Fine & hope I'm writing you in regards of notifying you about grievance intentions. I will file grievance but as I am here a request slip notifying you of issues. On 3/21/18 between 7:00-8:00 PM multiple officers used planned excessive force Pepper spray OC Mace'd me while I was either knocked unconscious having seizure. They had Nurse Ashley denied me access to adequate care even after her seeing with her own eyes me suicidal smacking/banging my head repeatedly hard to metal door/bunk. She didn't act in professional manner. Camera is proof. Plus camera in cell on 1016. I told her that I needed to report sexual abuse and for her to timely preserve evidence DNA but she ignored so I started banging my head which she still ignored. I had to take wicket before to get attention. Lt. Dunkle C/O Penness and C/O Henry, C/O Stover used excessive force and had nurse Ashley deny me treatment/adequate. I was put back in camera cell on DTP in smock striped cell wasn't evacuated for head injuries concussion for she didn't call doctor for orders. I have blurry vision, migraines, memory issues, pain, dizzy which are all symptoms.

9. Response: (This Section for Staff Response Only) Signs of possible concussion of some sort. I made verbal request for attention to nurses but they were denied ignored. I need to see doctor asap for injuries!!! I contact Debra hos RNS medical via request slip for sickcall, please ensure I am seen! Thanks! Ashley while unconscious and then denied treatment!!!

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☒

file 728525
3.29.18

Staff Member Name

Print


Sign

Date

In cold dirty cell forecath to enter strip on top bunk cold metal on dirty insect floor in DM cell denied needed health care attention when sent against banging head to door for 5-6 days!!!

GRIEVANCE Coord.

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

CO: 816, Central Office
Court, Attorney.

C1007

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer) MS. GREEN GRIEVANCE COORD.	2. Date: 4/9/18 4/9/18 4/9/18
3. By: (Print Inmate Name and Number) Lamont Zamicheli # LW2870	4. Counselor's Name C. Banks
Inmate Signature	5. Unit Manager's Name Kendricks.
6. Work Assignment N/A	7. Housing Assignment GC1007 DTU

8. Subject: State your request completely but briefly. Give details.

When is deadline for below grievance to be answered?

Who is assigned grievance officer to answer grievance # 729127, 728434, 728525???

IM writing you once again to find out why isn't you responding to my request slips etc. - also other employees such as MS. Cousins, MO. Kendrick, Banks etc security Maxwell isn't responding to my request slips issues - its been well over 5 business days according to DOC Policy. Employees used planned excessive force on me on 3/21/18, I was sexually abused by employees on 3/21/18 JESSICA CAUSINS, who is not a licensed Psychologist maliciously discontinued my mental health "scrips" medication and retaliation for my grievances lawsuits. She's trying to interfere with my ability to litigate civil action by tampering with my mental state of mind... I need my meds back but she refuses to acknowledge it - she discontinued it on 3/21/18 since then I been feeling very depressed, hopeless, suicidal - hanging head low to get voices holligans out of my head right. JESSICA CAUSINS - CNP, and LT. Maxwell said they are doing this to take my stability status to keep me in my cell long term or put me on restricted release despite of my mental physical deterioration being in DTU for 14 months the new with 11 months DC status left to do. Disiplinary custody - according to DOC Policy no "D" code should be held on DC status in DTU for over 365 days unless pending transfer or program what is my status what is happening with me? Being denied mental treatment out of cell in DTU!!! 3 weeks now

729127 - MS Price, due 4.24.18	728434
728434 - " due 4.19.18	728525
728525 - Mr Kendrick due 4.26.18	729127

To DC-14 CAR only ☐ To DC-14 CAR and DC-15 IRS ☐

Name _____ Print _____ Sign _____ Date 4.10.18

INMATE'S REQUEST TO STAFF MEMBER

DTU/010

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

~~Medical Dept~~
(Sutton #7)

2. Date:

7/6/18

3. By: (Print Inmate Name and Number)

Lamont Zamicheli #LW2870

4. Counselor's Name

C. Banks

5. Unit Manager's Name

C. Kendrick

6. Work Assignment

N/A

7. Housing Assignment

S C 1010 DTU

G

8. Subject: State your request completely but briefly. Give details. CC: He counts at every central office

Please respond to this request stop!!!

Hello, I'm writing you regardless of an issue I would like your help on. Please provide me with all relevant necessary information - I repeatedly asked Nurses, RNS-Harker, RNS-KOS and even to PA Gessel. ~~PA Gessel~~ was told to contact you regardless of questions for you to look inside of my medical files you have access to. Thank you very much!!! Have a blessed day!!!

① on 4/3/18 PA Gessel ~~ordered~~ gave me for sickle request and he order x-rays of my spine Back Neck, face and head. Days later x-rays was conducted and showed (revealed) abnormal conditions such as scoliosis in spine neck Back. also x-ray of face/head revealed swolleness Bruised skull face fissure and possible fracture in face/skull. correct? This was caused of incident medical attention needed on 3/21/18 head injury!

9. Response: (This Section for Staff Response Only) ② PA Gessel Prescribed muscle relaxers for

above of diagnosed condition of head injuries..

What's the name of that medication???

Is it "Flexobenzal" or similar Brand?

Mr. Zamicheli,

I have answered any request I received. Not sure why the comment above??
on 4/3 you were ordered Motrin, on 4/11 you were ordered Robaxin.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

M Harker, RNS, M Harker RNS

Print

Sign

Date

7-10-18

2018

GRIEVANCE REFERRAL
(Request to Bureau/Office)
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

Phone: (717) 728-2010

Enclosed is a grievance appeal received by the Secretary's Office of Inmate Grievances & Appeals for final review. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", this grievance is being forwarded to your office for review. Your assistance in reviewing the concern outlined in the grievance relative to your knowledge of the subject matter would be appreciated. Please consider whether or not staff at the respective facility operated appropriately in accordance with established Department of Corrections' policy, procedure, and professional protocol, then forward an opinion to our Office within twenty (20) working days from the date of this request. In the meantime, please feel free to contact me with any questions or concerns you may have.

Bureau/Office:		To (Name of Staff Member):
<input checked="" type="checkbox"/>	Bureau of Health Care Services	Kim Waidelich
<input type="checkbox"/>	Psychology/Psychiatry	
<input type="checkbox"/>	Food Services	
<input type="checkbox"/>	Office of Chief Counsel	
<input type="checkbox"/>	Special Investigations and Intelligence	
<input type="checkbox"/>	Bureau of Treatment Services	
<input type="checkbox"/>	Office of Policy, Grants, and Legislative Affairs	
<input type="checkbox"/>	Other (specify):	
Inmate Name:	Lamont Zamichielli	Inmate Number: LW2870
SCI Filed at:	Huntingdon	Current SCI: Huntingdon
Grievance #:	729127	
Specific Request:		
Mr. Zamichielli alleges that he received inadequate medical care from an incident related to his self-inflicting injury to his head by banging it on a Plexiglas window. He also alleges that OC was sprayed and his medical care was delayed. Please advise.		
Signature:	Dorina Varner <i>[Signature]</i>	
Title:	Chief Grievance Officer	
Date:	7/24/18	

DLV Enclosure(s)

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike St.

Huntingdon, PA 16654-1112

DTU

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Zamichieli	Inmate Number:	LW2870
Facility:	Huntingdon	Unit Location:	DTU
Grievance #:	729127	Grievance Date:	4/3/18
Decision:			
<input type="checkbox"/> Uphold Inmate <input type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in Part/Deny in Part			
<i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:			
<p>I have received your grievance dated 3/30/18 and numbered 729127. Two extensions were granted to reply to this grievance and were necessary due to the time it took to assess the situation.</p> <p>In your grievance, you contend that you received inadequate medical care from an incident related to you self inflicting injury to your head by banging it on a plexiglass window. In addition, it is noted that SCIH staff utilized OC spray on that date due to your failure to comply with orders. On that date, Ashley Whitesel-Madru, LPN responded to the secure search area in the DTU and she proceeded to flush out both of your eyes. It is noted that this entire event was video recorded and has been reviewed by CHCA P. Price. A review of the videotape evidence and your medical record show no records of seizure activity, as you stated. I do, however, note that based on the injury that is visible on the video, additional actions may have been indicated. As a result of this incident, a complete review of your medical file has occurred and it is noted that you have been seen by SCIH Medical Department numerous times since this incident. Specifically, you were seen by K. King, PA-C on 3/30/18 but her assessment required no additional treatment other than what was already previously prescribed and a follow up on PA Line in five days. You were seen again on 4/3/18 by PA-C Gessel who did order xrays and PA Line in one week. The xrays were within normal limits. Contrary to your inference, your medical concerns were addressed.</p> <p>Mr. Zamichieli, it is noted that multiple times, including several days prior to the incident in question, you also intentionally inflicted injury upon yourself by banging your head against other objects. As a corrections professional, I strongly encourage you to utilize the resources that are available to you including, medical, correctional and psychology staff. Additionally, it is noted that Certified Peer Specialists are available on all three shifts as a positive potential resource for you. I also note that you make vague PREA allegations in this grievance and you are referred to Lt. Maxwell if you wish to file a PREA complaint as a result of this incident.</p> <p>In summary, I will uphold in part and deny in part your grievance with the recommendations outlined above. Your grievance is denied.</p> <p><i>Green</i></p>			
Signature:	<i>Jeff W. Dutton</i>		
Title:	Deputy Supt./Centralized Services		
Date:	5/17/2018		

cc: Superintendent
DC-15
File

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE
729127
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SCI Huntsw	DATE: 3/30/18
FROM: (INMATE NAME & NUMBER) Lamont Zenchich # LW2870	SIGNATURE OF INMATE: [Signature]	Secretary's Office Inmate Grievances & Appeals
WORK ASSIGNMENT: [Blank]	HOUSING ASSIGNMENT: 61016 ATU	JUL 20 2018

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the Inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner. Relief: 25,000 cash. Ref: Ashley to be removed to be replaced by another nurse.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Since MS Green suggested I present issue separately, I will separate from grievance # 708525. I went to medical on 3/21/18 to be monitored for head injuries on 3/21/18. After officers used planned excessive force on me, pepper spraying me etc after I knocked myself unconscious/had series of seizures on 3/21/18 8:00pm in D14 strip cage after series on head banging to doors windows & metal bunk/walls in D14 cell 6610 and D14 strip cage where nurse Ashley saw with her own eyes and had knowledge but in fact didn't properly assess me medically, was negligent & deliberate indifference & being serious medical needs, psychiatric needs on purpose. On 3/21/18 PM King saw me and supposedly said I had slight head trauma. Nurse Ashley did not delay me medical care as she had knowledge with her own eyes & officers that I was knocked unconscious/losing bleeding from mouth & eye was. Bruised & injured, severe possible. She failed to intervene stop officers from lamping calling presence of evidence of sexual abuse clothing etc before they random naked me and my clothing with pepper spray while I was unconscious/having seizure chest pain on 3/21/18 8:00pm. Nurse Ashley not trained with protocol of serious mental/medical needs psychiatric etc. After investigation, unconscious or harming myself so bad to have seizure after told nurse Ashley I was suicidal plus wanted to report. Personal evidence of sex abuse plus complaints of chest pain. She breached her duty and didn't assess me properly (she didn't check my vitals etc. She didn't call for medical help). B. List actions taken and staff you have contacted, before submitting this grievance, or failed to contact doctor. I contacted medical personnel for head injury, obvious bump on head since I got hit with a baton on 3/21/18. I was told by officers days later that it's on camera of her. Blaming it on injuries to head banging to doors windows in DOC medical office on 3/21/18. On 3/21/18 she came to see if I was OK to stop to administer meds. She saw with her own two eyes me surgical Bangs head heavily on door, back, head of her properly assess me, my injuries. She didn't make any medical calls to get me to the ER. I had multiple seizures on 3/21/18. I contacted public defender.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 1/26/2018
Effective: 2/16/2018

Attachment 1-A

2018

Exhibit D
8 PAGES

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
SCI Filed at:	Huntingdon	Current SCI:	Huntingdon
Grievance #:	733568		
Publication (if applicable):			
Decision:			
<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part			
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Envolous		
You claim in your grievance that excessive force was used when staff sprayed OC on you. An investigation was conducted regarding your allegations. The record reflects that you attempted to grab a staff member and OC was used to prevent you from grabbing him. The record reflects that at no time was excessive force was used. You have failed to provide any evidence that policy was violated. Therefore, your requested relief is denied.			
Signature:	Dorina Varner <i>Dorina Varner</i>		
Title:	Chief Grievance Officer		
Date:	8/7/18		

DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 1/26/2016
 Effective: 2/16/2016

Attachment 2-F

Attachment 1-A

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike St.
Huntingdon, PA 16654-1112

DTU

109

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Zamichleli	Inmate Number:	LW2870
Facility:	Huntingdon	Unit Location:	IG block
Grievance #:	733568	Grievance Date:	4/24/18
<p>Decision:</p> <p><input type="checkbox"/> Uphold Inmate <input type="checkbox"/> Uphold in Part/Deny in Part</p> <p><input checked="" type="checkbox"/> Grievance Denied</p>			
<p><i>It is the decision of this grievance officer to uphold or deny the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i></p>			
<p>Response: <i>Exonerated</i></p>			
<p>I have received your grievance in which you allege that Staff used excessive force on you by using OC on you. I researched your grievance, talked to several staff members, and reviewed the use of force that was prepared and submitted. You attempted to grab a staff members arm and OC was used on you to prevent this from happening. At no time was the use of force excessive or outside the guidelines set forth in policy and procedures. If you would follow policies and procedures, you could eliminate any possible uses of force.</p> <p>For the above reasons this grievance and all relief sought is denied.</p> <p><i>[Signature]</i></p>			
Signature:	<i>[Signature]</i>		
Title:	RHU/DTU UM		
Date:	5/11/18		

cc: Superintendent
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 12/1/2010
Effective: 12/8/2010

Attachment 1-D

Facility Manager's Appeal Response

SCI-Huntingdon

1100 Pike St.

Huntingdon, PA 16654-1112

C110

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	HUN	Unit Location:	GC-Unit
Grievance #:	733568		

Decision:	<input checked="" type="checkbox"/> Uphold Response (UR)	<input type="checkbox"/> Uphold in part/Deny in part
	<input type="checkbox"/> Uphold Inmate (UI)	<input type="checkbox"/> Dismiss/Dismiss Untimely
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>		
Response:	Frivolous:	

In reviewing your grievance and appeal, I note that your concern with the use of OC was appropriately addressed by Mr. Kendrick. In your appeal, you explain your version of the events resulting in the use of OC. You argue the use of force policy was violated. In his response to your initial grievance, Mr. Kendrick explains he interviewed staff and reviewed the use of force report. He found the use of OC was appropriate and within policy guidelines. As a result of this incident, as you yourself note, you received a misconduct. Your request for \$85,000 is denied.

In closing, I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.

Signature:	Kevin Kauffman
Title:	Facility Manager
Date:	6-27-18

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals

Issued: 12/1/2010

Effective: 12/8/2010

Attachment 2-B

to: Final Review

DC-804
Part 1

ATTN: Appeal # 733568

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Final Review Central office	FACILITY: SCI Huntzberg	DATE: 7/14/18
FROM: (INMATE NAME & NUMBER) Lamont Zami Chieff # LW2870	SIGNATURE OF INMATE:	

WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: Relief: 325 Day DC Time GCI/1007A Relief: Remove Cameras with
-------------------------	---

INSTRUCTIONS: (2) Request cameras of all detectives to be secured. Relief: As requested in initial grievance 851000 Cpl excessive force

1. Refer to the DC-ADM 804 for procedures on the Inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Appeal # 733568 to Final Review Cameras speak for itself... I was assaulted by C/O Meritts II on 4/19/18 between (16:20 - 16:40) hours... He used Planned Malicious Intentionally excessive force and pepper sprayed me while I was secured behind my door cell GCI 1007. Cameras will verify and show I felt weak in chronic pain requesting medical attention Psychiatric care and he maliciously used force and then wrote false misconduct to cover up the crime I did not assault or attempt to assault him or any officer in anyway. Se camera, I never refused an order... I put hands to be clipped on wicket, I never grabbed or attempted to grab him, or throw tray or anything at him. I was given DC 709 for secured food pass Double aperture and food restriction DC 708 for incident of DTU, a regular cell no camera no secured food aperture... had a regular wicket because (1) C/O Meritts, LT. Dunkle and C/O Henry knew that they plotted planned to hurt me spray me with retaliation and lie on me... They knew plus cameras were there that I wasn't a threat to any officers nor I didn't attempt to assault officer Meritts

B. List actions taken and staff you have contacted, before submitting this grievance. Because if I did or after I would have been in double secure food aperture cell for safety protocol. (2) Staff wanted to be deliberate indifferent and acts to my safety psychiatric treatment health needs also physical needs after being assaulted by C/O Meritts with pepper spray the whole can on his wrist. He used malicious excessive force on mental (114 SMI) inmate. The force was malicious plus officer is still in training stage

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

Relief: I request to be transferred to another facility in next 30 days House on G.P!

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy

GOLDEN ROD Inmate Copy

I returned from POC Near D Placement on about 4/23/18 and housed in cell GCI 1009... a cell without double aperture/camera as DC 709 restrictions was valid, correct?

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/26/2016

Effective: 2/16/2016


SO By me being housed in a cell without Restriction 709 Aperture

C/O Meritts. He violated DOC Policy, State and Federal Law didn't follow the DCAPM use of force policy or G. 3. ca G. S. 1. Spraying me Attachment 1-A for no reason but as to retaliate for Restriction.

He and C/O Henry first plotted planned three times to spray me in intentionally; they actually use force and sprayed me DC-804 was housed in cell GCI 1007 4/19/18 to 4/23/18 ensure no contact with

Relief: Suspend C/O Meritts for 90 days No pay!!! I want to give an apology

DTU *C 1009*

FORM DC-141 PART II B		COMMONWEALTH OF PENNSYLVANIA			
DISCIPLINARY HEARING REPORT		DEPARTMENT OF CORRECTIONS			
DC Number LW2870	Name Zamichieli, Lamont	Institution Huntingdon	Hearing Date 4/24/2018	Hearing Time 1035	No. from PART I D081493
INMATE <input type="checkbox"/> Guilty <input type="checkbox"/> No Plea PLEA <input checked="" type="checkbox"/> Not Guilty <input type="checkbox"/> Other		Verdict <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty			
HEARING ACTION					
CHARGES 1, 35					
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED					
<p>Inmate Zamichieli pleads not guilty to charges #1 and #35.</p> <p>Inmate stated that he never reached out of the aperture in an attempt to assault staff. He said that he put his hands out behind his back because he wanted to be cuffed since he was feeling suicidal and having chest pains. Inmate wished camera to be viewed.</p> <p>Hearing continued for video review. Waiver form signed.</p> <p>This HEX reviewed the video regarding this. The video is inconclusive due to the position of the officer in front of the cell. However, the officer is seen stepping back and reacting to something after opening the food aperture. He is also seen removing his OC.</p> <p>Hearing resumed on 4/26/18 at 0945 hours. Inmate Zamichieli refused to attend this hearing in accordance with DC ADM 801 per CO1 K. Kyle. The waiver form is signed.</p> <p>This HEX believes the written report of CO1 Merritts, over Inmate Zamichieli's refusal to attend this hearing, about how Inmate Zamichieli did act as though he was going to hand his food tray out the aperture but instead he reached out of his food aperture and attempt to assault the officer. A preponderance of evidence exist to support charges #1 and #35.</p> <p>Guilty #1 - 30 Days DC #35 - 15 Days DC concurrent</p> <p>Total - 30 Days DC Consecutive to Misconduct D081480</p> <p>In Absentia</p>					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The inmate has heard the decision and has been told the reason for it and what will happen. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The circumstances of the charge have been read and fully explained to the inmate. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The opportunity to have the inmate's version reported as part of the record was given. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.					Attachment 1-C SEE APPENDICES <input checked="" type="checkbox"/> Part 2D Video Evidence
NAME(S) OF HEARING EXAMINER/COMMITTEE S. Ellenberger Hearing Examiner		Hearing Report and all appended information must be signed. Signature indicates finished report with appendices. 			

Cc: DC-15, Inmate Cited, Staff Member Reporting Misconduct, Deputy Superintendent

Inmate on MH/ID Roster

(C or D)

DC-709

SECURITY LEVEL 5 HOUSING UNIT

INMATE ACTIVITY RESTRICTION FORM

Y ☒ N ☐

Inmate Name

Inmate Number

Misconduct No.

Cell Assignment

ZAMZHELZ

LW2870

DC81493

DTU-1007

Behaviors – Check all that Apply

- ☐ Verbally Abusive
- ☐ Self Abusive Behaviors
- ☐ Destroys Property
- ☐ Throws Body Fluid
- ☐ Sexual Comments/Gestures

- ☐ Tamper w/cell door/aperture
- ☐ Threatens Self-Abuse
- ☐ Contraband/Weapons
- ☐ Feigning Medical Problems
- ☐ Medical/Mental Health Issues

- ☒ Assaultive Toward Staff
- ☐ Assaultive Toward Inmates
- ☐ Escape Attempt

Approved Restrictions – Check all that Apply

- ☐ Exercise
- ☐ Shower
- ☐ Shave
- ☐ Cell Cleaning
- ☐ Spit Mask
- ☐ Water
- ☐ Container
- ☐ Commissary
- ☐ Bedding Materials

- ☐ Television
- ☒ Secure Food Pass
- ☐ Videorecording of Movements
- ☐ Commissioned Officer present for movements
- ☐ Mini Law Library
- ☐ Radio

- ☐ Restraint Chair* (8 hour maximum/RDS must be contacted after 4 consecutive hours)
- ☐ Movement Restrictions – Use of belt for exercise/showers/toilet
- ☒ Movement Restrictions – Use of tether for exercise/showers/toilet
- ☐ Movement Restrictions – Use of leg restraints for exercise/showers/toilet

- ☐ In Cell Restriction – Use of handcuffs, treatment belt, and/or leg irons (24 hour maximum unless approved by the Medical Department)
- ☐ Intermediate Restraint System (24 hour maximum unless approved by Facility Manager/designee)

Requested By: LT. DUNKIE

Date: 4-19-10 Time: 1634

Shift Commander Signature/Date: *Paul Cobb 4-19-10* ☒ Approved ☐ Disapproved

*Restraint Chair – Name of Medical Staff Member/Date: ☐ Approved ☐ Disapproved

*Restraint Chair – Name of Psychiatrist/PCRNP/Date: ☐ Approved ☐ Disapproved

Restriction Removed By: Date: Time:

No restriction may exceed 7 days unless approved by the Facility Manager/designee.
Name/Title of approving authority:

Expiration date: _____

Comments: _____

cc: Facility Manager
DSFM
DSCS

Shift Commander/Captains Office (original)
DSIS (if applicable)
Intelligence Captain

DC-14
DC-15
RHU Control Room

6.5.1, Administration of Security Level 5 Housing Units
Section 1 – Administration

Issued: 3/15/2016

Effective: 3/22/2016

Attachment 1-L

REVIEW AND AUTHORIZATION OF BEHAVIOR MODIFIED DIET

Inmate Name ZAMECHELE	Inmate Number LW2870	Cell Assignment DTU-1007	<input type="checkbox"/> Initial Start Date 4/19/2018	<input type="checkbox"/> Extension Start Date
REASON FOR ALTERED DIET: INMATE REFUSED TO RETURN FEEDING TRAY THEN ATTEMPTED TO ASSAULT OFFICER THROUGH FEEDING APERTURE				
ORDERING OFFICIAL (Commissioned Officer in Charge): Lt Dunkle				
FACILITY MANAGER/DESIGNEE: REVIEW AND APPROVAL: Bruce Cook		MEDICAL DIRECTOR/DESIGNEE REVIEW: J. Espinosa RN		

IF INMATE HAS A MEDICAL CONDITION WHICH WARRANTS A SPECIAL DIET, CHECK HERE ☐
INDICATE THE TYPE OF SPECIAL DIET BELOW

If an inmate is placed on a Modified Diet, the authorizing Official will inform Food Service to prepare an approved modified meal. Modified meals may be served for a maximum of 21 meals, unless the Shift Commander requests and receives approval from the Facility Manager/designee for an extension.

☐ Extension approved by Facility Manager/designee. Expiration date: _____

Name/Title of approving authority if other than the Facility Manager: _____

LIST MEAL TIMES BELOW:

	DAY 1 DATE: 4-20-18	DAY 2 DATE: 4-21-18	DAY 3 DATE: 4-22-18
BREAKFAST	555	0615	0600
LUNCH	1015	1034	1019
DINNER	1551 Ref	1600 Ref	1604 Ref
	DAY 4 DATE: _____	DAY 5 DATE: _____	DAY 6 DATE: _____
BREAKFAST			
LUNCH			
DINNER			
	DAY 7 DATE: _____	DAY 8 DATE: _____	
BREAKFAST			
LUNCH			
DINNER			

SPECIAL DIET: _____

WHEN COMPLETED, SEND COPIES AS INDICATED BELOW

cc: Facility Manager	DSCS	L-5 Unit Control	DC-15
DSFM	CHCA	Food Service Manager	DC-14
DSIS (if applicable)	Major-of-the-Guard	Shift Commander	DC-17X

Revised 7/02

6.5.1, Administration of Security Level 5 Housing Units
Section 1 - Administration

Attachment 1-J

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE
754907
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR DCADM001 ABISE	FACILITY: SCF-Huntingdon	DATE: 8/24/18
FROM: (INMATE NAME & NUMBER) Lamont Zamicheli # LW2870	SIGNATURE OF INMATE:	Secretary's Office Inmate Grievances & Appeals JAN 23 2019
WORK ASSIGNMENT: NA LW2870	HOUSING ASSIGNMENT: GC1015 DTU	Religious Services Recreation
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. ON 8/19/18 4:05-7:45 pm (1605-1645 hours) I was assaulted by Officer Merritts on the DTU at my cell # GC1010. I ask for camera footage to be saved for courts civil review. Medical Officer J. B. Merritts slammed the wicket aperture on my hands repeatedly out of malicious retaliation to cause harm and unnecessary pain. This is assault battery violating state law and excessive use of force violation of 8th amendment and cruel punishment. X-Ray of my right hand/wrist revealed fractures which was diagnosed on 8/18/18. I now have a cast/splint of about 15 inches in length on my right hand/wrist and I'm currently prescribed pain medication to level 4 times a day. Excruciating pain. Injuries that's clearly visible with physical evidence. The Doctor said I'll be in cast/splint for 6-8 weeks to heal then I'll require surgery. I need \$300,000 compensation. He assaulted me.		
B. List actions taken, and staff you have contacted, before submitting this grievance. Plus hospital medical costs. I contacted Block #10, Lt. Frank who with me I told Lt. Snyder while I was in medical XRAY ROOM on hand/wrist video recording camera on 8/15/18-11 AM. I told counselor C. Banks, Unit Manager Cpt House PRC Walters, Brumbaugh, speaker (Failure to Protect) Cousens, P. H. Gass. All told me security report was filed and they notified OSST. Your grievance has been received and will be processed in accordance with DC-ADM 804.		

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

754907

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

He called me a "Cotton Picker" this is RACIS

TO: FACILITY GRIEVANCE COORDINATOR FACILITY: <u>Huntingdon SCF</u>	DATE: <u>8/24/12</u>
FROM: (INMATE NAME & NUMBER) <u>Lamont Zamichrelli # LW2870</u>	SIGNATURE OF INMATE: <u>[Signature]</u>
WORK ASSIGNMENT: <u>TRAINING SUPERVISOR NA LW2870</u>	HOUSING ASSIGNMENT: <u>AC1015 DTY</u>

INSTRUCTIONS: *Relief: 70 merrill's Ford homicide has employed with Doc W 545 pond 55*
 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. *50 Days*
 2. State your grievance in Block A in a brief and understandable manner. *Relief: \$ 300,000 ish*
 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of ... *544*
 staff members you have contacted. *Photos of Bickham taken with ...*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two Xerox pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

This is abuse and grievance filed pursuant to DC 10M 001 and should be thoroughly investigated ASAP on 8/19/18 4:45-4:55 pm cameras on DC GC Pod at cell #6016 to be saved. Cameras are proof direct of C/O Merritt assaulting me for the second time in four months. On 8/19/18 this officer repeatedly Purposely to cause harm, slammed the door aperture on my right and left hand. act of Retaliation for my past grievances on him and other employees at Sgt. Huntington. My Right hand was X-rayed and revealed fracture that requires cast splint (Surge to heal. Pain medication. Medical files records will verify plus ask for them to be saved and save compensation during assault while in DTU Straps and in medical. This officer was not authorized to open my transport/feeding aperture for policy in DC 10M 001. Book for anything if my cell light is off and back window/lights are covered. Still be punished. a refusal of help, extra st, etc. This officer refused to understand I was depressed and missed prison or consecutive meals I told him in not really. I feel suicidal and asked to be killed and taken to the He refused to tell Lt. Frank I wanted POC. C/O Merritt stated "you don't learn, thank you and your suicidal ideations. Like I said before. The only way to go to POC on my shift is if you you, spray you or wake you up like before. He came to my cell, opened my aperture, and I expected him to back off. As I gave him more notice. I wasn't verbally before opening it just a threat of him cuffing me. He threw a piece of fruit at my feet.

B. List actions taken and staff you have contacted, before submitting this grievance. Aperture #198
Fastly closed the aperture on my hands applying full hand pressure, pushing roughly with all his strenght on my Aperture with my hands stuck. He Pushed me 2 minutes and stating "I'm make sure it break or cut chop your hands off." He eventually released and pulled his CAN OF D.C. spray telling me to let go of the aperture, I said get the LT, insyde my hands will stay here until LT appears some evidence.

Your grievance has been received and will be processed in accordance with DC-ADM 804. *Alvin J. Proctor*
 District Director

Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

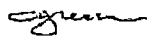
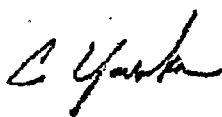
PINK Action Return Copy

C1014

INITIAL REVIEW RESPONSE

SCI-Huntingdon
1100 Pike Street
Huntingdon, PA 16654-1112

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows

Inmate Name:	Zamichieli, Lamont	Inmate Number:	LW2870
Facility:	SCI Huntingdon	Unit Location:	DTU
Grievance #:	754907	Grievance Date:	8/24/201
Publication (if applicable):			
Decision:			
<input type="checkbox"/> Uphold Inmate			
<input checked="" type="checkbox"/> Grievance Denied			
<input type="checkbox"/> Uphold in part/Denied in part			
It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.			
Response:			
I have received and reviewed your Grievance #754907. You alleged that on August 19, 2018, after requesting to go to POC and placing your hands through the aperture to be restrained, COI Merritts repeatedly slammed the aperture on your hands, causing injury.			
Regarding your allegation, after review of reports and investigating this matter, the findings of my investigation are:			
In accordance with DCADM001, a thorough investigation was conducted into abuse allegations made by you. The investigation is concluded; a copy of my report was sent to the Bureau of Investigations and Intelligence and Superintendent Kauffman and the findings were found to be satisfactory. The findings of this investigation conclude the allegations made by you are unsubstantiated and the relief you sought has no basis.			
Your Grievance is denied.			
			
Signature:			
			
Title:			
Security Lieutenant			
Date:			
November 26, 2018			

cc: Facility Grievance Coordinator
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/16/2018

Attachment 1-D

Facility Manager Approval

Pg 1 of 2

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

inmate Appeal to Facility Manager

Grievance # 754907

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <u>KEVIN KAUFFMAN Facility Manager</u>	FACILITY: <u>SCI Huntingdon</u>	DATE: <u>11/28/18</u>
FROM: (INMATE NAME & NUMBER) <u>Lamont Zambicheli # LW2870</u>	SIGNATURE OF INMATE: <u>[Signature]</u>	
WORK ASSIGNMENT: <u>NA LW2870</u>	HOUSING ASSIGNMENT: <u>GC1014 DTU</u>	

INSTRUCTIONS: Pg 1 of 2

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

I am appealing grievance # 754907 to Facility Manager for Relief Requested in original and further Review. Denial of my grievance remains inappropriate as there is clear and convincing direct evidence of abuse, Assault and Battery, Excessive force and violations of numerous Federal Laws such as Retaliation and ADA Title II as well as section 504 of FRA. Also the DOC Policy and State Laws was violated by officer J. B. McRitts on 8/19/18 approx 4:00-4:45 pm, it's all on camera. As I requested relief in original grievance to save camera footage for court review as well as \$300,000 compensatory damages and separation transfer away from this facility to Huntingdon for my own safety. Officer J. B. McRitts once worked on the DTU on this date above but no longer positioned on DTU due to this incident on 8/19/18 at cell GC1010. He maliciously intentionally slammed the metal steel feeding aperture on my hands. My right hand was x-rayed and revealed fractured my hand was in splint cast for many weeks to heal and also to date continuing pain suffering and permanent hand impairment that hinders my ability to write without pain/cramps stiffness etc. It's obviously that the force was excessive and unusable to use. The metal aperture as a weapon, a weapon not to be used by staff in Doc. Also the showing of a fractured hand broken bone in right hand, clearly shows that there was excessive substantial amount of force as he slammed my hand into the wrist of metal material. This officer as well as his supervisor ~~as well as~~ Capt. House as well as his previous supervisor C. Kendrick are responsible for this officer who wasn't properly trained to deal with mentally ill inmates as he retaliated because of my grievance lawsuit as Doc employees and discriminator because of my mental health disability because I notified him of my Depression, suicidal thoughts/ideas which is symptoms associated with my mental health qualified disability of Schizophrenia Disorder Depressive type etc. I told officer I wanted safety from myself so I won't harm myself but he showed deliberate indifference by saying "cotton picker you don't even learn, Fuck you and your suicidal ideas, the only way to go to POC suicide watch on my shift is if I spray you, write a false misconduct on you or harm you in some way." These words shows his malicious Reckless intent and

B. List actions taken and staff you have contacted, before submitting this grievance.
Thoughts/ideas which is symptoms associated with my mental health qualified disability of Schizophrenia Disorder Depressive type etc. I told officer I wanted safety from myself so I won't harm myself but he showed deliberate indifference by saying "cotton picker you don't even learn, Fuck you and your suicidal ideas, the only way to go to POC suicide watch on my shift is if I spray you, write a false misconduct on you or harm you in some way." These words shows his malicious Reckless intent and

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/18/2016

Attachment 1-A

DC-804
Part 1

Pg 2 of 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

GRIEVANCE NUMBER

Grievance # TS 4907

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>Kevin Kaultman, Facility Manager</i>	FACILITY: <i>SCI Huntingdon</i>	DATE: <i>11/28/18</i>
FROM: (INMATE NAME & NUMBER) <i>Lamont Zamicheli # LW2870</i>	SIGNATURE OF INMATE <i>[Signature]</i>	
WORK ASSIGNMENT: <i>NA</i>	HOUSING ASSIGNMENT: <i>GL1014 DTU</i>	

INSTRUCTIONS: Pg 2 of 2

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking.

Relief: SIVE Camera footage from cell GL1015 of DTU from 8/21/18
Approx 5:30pm to 8/30/18 to see
CN camera my hand in cell/spirit
Camera on pad.
See: DC-457 for Photos Transcription - Plus medical X-ray result on 8/21/18

his motive to cause harm. J.B. Merritts has caused me permanent sufficient substantial
of injuries such as fracture hand pain suffering mental emotional psychological pain. mental anguish
P.T.S.D, from that to another officer will start slapping the metal weapon Aperture on my
hands again. I have numerous of inmate witnesses and employees who reviewed the video
footage and clearly seen this officer and heard this officer intent to harm me. I also notified the
officers that I had sufficient amount of pills in my cell at the time and I was going to overdose on
the pills. I had taken 23 pills at the time and about 30-4 more was found on my table in my
cell GL1010 on 8/19/18 as I was removed from the cell. These pills was documented on the fabricated
misconduct report officer J.B. Merritts written on me and of retaliation and to justify his malicious
excessive force on me. The only truth in that misconduct report is that I had pills in
my cell and took pills. I had my back window vent covered and my light off. everything else
he alleged is false. I didn't assault or attempt to assault him or anyone else. If he saw
I reached out aperture to assault him is clearly false because if I reached it would have been harm
harm that got stomped/broke inside the metal window obviously it was my hand which was on
my window to be handcuffed that he broke as he told him I wanted to be cuffed and he told
me to put my hands on the get cuffed as he threw him in my cell and facility closed aperture and
hands. I obeyed his orders and he violated the policy by opening my feeding aperture in

B. List actions taken and staff you have contacted, before submitting this grievance.

Attempt to supposedly give light when my light was off and window in back of cell was covered
which according to policy obviously handbook it counts as a refusal of meet. What was the
motive when he opened my aperture? obviously to assault me! This was his second time assault
me. I don't have assaultive history. checking misconduct history before he wrote two fabricated
assault misconduct on me. Both times he assisted the officer on 4/11/18 Pepper spray. Now 8/19/18 with the
Your grievance has been received and will be processed in accordance with DC-ADM 804. metal Aperture!

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy

Facility Manager's Appeal Response

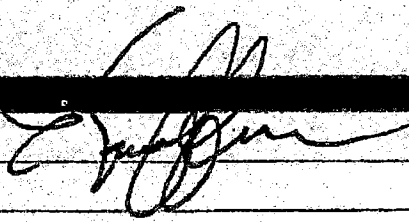
SCI-Huntingdon

1100 Pike St.

Huntingdon, PA 16654-1112

C1011

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy," the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me, and any other documents submitted.

Inmate Name:	Lamont Zamichieli	Inmate Number:	LW2870
Facility:	SCI HUNTINGDON	Unit Location:	GC1011
Grievance #:	754907		
Decision: <input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely			
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or uphold in part/deny in part. This response will include a brief rationale summarizing the conclusion and any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	F frivolous		
<p>I have reviewed your grievance and appeal. I note that Lt. Younker appropriately addressed your concern. In your appeal, you state you are appealing for the same reasons presented in your initial grievance, where you claim inappropriate force was used against you.</p> <p>This reported incident has been thoroughly investigated per DC-ADM 001. The Security Office and SCI Huntingdon Administrative Staff as well as the Bureau of Investigations and Intelligence have reviewed this investigation with the determination that the investigation was completed satisfactorily. The finding of this investigation has determined that the allegations were found to be unsubstantiated.</p> <p>I can only reiterate that I uphold the response provided by the grievance officer. Your grievance is found to be without merit.</p>			
Signature:	Kevin Kauffman 		
Title:	Facility Manager		
Date:	1/8/19		

cc: DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
 Section 2 - Appeals
 Issued: 12/1/2010
 Effective: 12/8/2010

Attachment 2-B

Final Review

Pg 1 of 2

DC-804
Part 1

Appeal TO Final Review

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

GRIEVANCE # 754907

Appeal # 754907

FOR OFFICIAL USE
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Final Review central office	FACILITY: SCI-HUNTINGDON	DATE: 1/16/19
FROM: (INMATE NAME & NUMBER) Lamont Zamicheli # LW2870	SIGNATURE OF INMATE: 	
WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: G1010 DM	

INSTRUCTIONS: C/O Merritts used substantial amount of force that he broke/fractured a bone in my right hand
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. I fear for my safety and health
2. State your grievance in Block A in a brief and understandable manner. I seek 300,000 compensation damages
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. C/O Merritts Fractured my Right hand on 8/19/18

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. Immediate separation transfer
Appealing Denial of grievance # 754907 to Final Review and raise the following facts that on 8/19/18 officer J. B. Merritts who was working on DTU, violated my Federal Rights of U.S. constitution, State Law Assault/Battery, 8th Amendment cruel and unusual punishment, excessive force, Retaliation under 11th Amendment, and violations of ADA title II, III, IV, and Section 504 of RA. As on the date above this officer maliciously slammed the metal door aperture on my hands to cause harm. It's all on camera, as requested to be served on 8/19/18 4:00-4:45 PM. He was removed from working on the DTU as a result, because of his unlawful malicious behavior towards me. He also assaulted me and used excessive force on 4/19/18 with pepper spray for no reason but to cause harm because of my pending lawsuit and grievances. Also on 9/13/18 he threatened to fracture my other hand, some way he fractured my right hand on 8/19/18 by using a metal weapon of force, slamming metal aperture on my hand because of my lawsuit/grievances and my race, also my disability of mental health depression suicidal thoughts as I informed him I need safety told me to P.O.C. He refused to acknowledge and did not care he let me overdose on pills. I had taken 23 pills & consumed to commit suicide. I was told that the DOC, SCI Huntingdon has put on file an institutional separation/ADM separation between officer Merritts and me because they knew he is a threat towards me. Also on 1/13/19 he worked on the DTU for about one hour 10:00-11:00 AM, he's not supposed to be around me. He attempted to open my cell wicket on 1/13/19 10:20-10:45 AM to collect meal tray, I told him that Capt Haise, the unit manager, G. Spill C. Banks, Deputy Walters, LT. Franks, Connie Green, Kauffman etc told me that he's not allowed to be near me, come to my door, open my door/wicket or escort me or any D

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator _____ Date _____

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy THE COURT 300,000 compensation and separation transfer every immediately

See: camera footage saved as I requested for review
See: medical files and save cyste files will substantiate my injuries

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 1/28/2016
Effective: 2/16/2016

I need extra counseling psychological treatment

ON 8/19/18 4:00-4:45 PM ON DTU G1010 cell at the time I was housed, it's on camera saved that C/O Merritts used excessive force slammed my hand in wicket aperture & fractured my right hand. LT Younger failed properly
Attachment 1-A
Investigate as he said threatening the interview, he will be sure to cover the

Appeal # B4907 - Final Review -

DC-804
Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS**

FOR OFFICIAL USE

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY Grievance Procedure Coordinator Fixed Renew Central Office		FACILITY: <u>SEC HUNTINGDON</u>		DATE: <u>1/16/19</u>	
FROM: (INMATE NAME & NUMBER) <u>Lamont Zambelli LW2870</u>		SIGNATURE OF INMATE: <u>[Signature]</u>			
WORK ASSIGNMENT: <u>N/A</u>		HOUSING ASSIGNMENT: <u>6C1011DTZ</u> <u>ON 1/19/18, CO 8/1/18, wrote false misconducts</u>			
INSTRUCTIONS: <u>I, Lamont Zambelli have had NO assault misconducts on my history until</u>					
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. <u>2 times c/o Merritts assault</u>					
2. State your grievance in Block A in a brief and understandable manner. <u>and lied on me to justify his use</u>					
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. <u>c/o Merritts have an assaultive history towards SMI inmates!!!</u>					
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.					
<p><u>Inmate to/from programs, DIT groups, etc. Because his not suppose to be grounded because he pose a serious risk to my safety but officer J. B. Merritts said "Fxxk Capt House, he's my boss... he listen to me, I don't listen to him... he's a House Nigger" Also officer J. B. Merritts come to my door on 1/13/19 around 10:55AM and tried to open my wicket apartment in cell 6C1011 for the nurse to administer my pain meds for my right hand that for J. B. Merritts fractured on 8/19/18 and I still to have constant pain, and poor hearing impairment permanent, I had to refuse my medication because I fear him opening my wicket to slam my hand or in metal hand apartment again as he threaten he'll do again 9/18/18 and 11/18/18. He doesn't listen to his supervisors or follow their orders, I consistently notify Capt House, PIC and counselors about this but they don't care. I Capt House, C. Hendon Kevin Kaufman, Connie Green, R. H. P. Sgt's, LT's, C. Banks, Andrea Wakefield and multiple John Deros / Jane Does are responsible for keeping J. B. Merritts actions threats, assaultive behavior towards me. They still continue to fail to protect me from obvious harm, they know the officers intent to harm me out of retaliation for lawsuits / grievances but they don't care responsible listed parties as well as, John Wetzel, is responsible for being delibereat indifference my safety by allowing c/o J. B. Merritts to threaten harass me continuously even after the B list actions taken and staff you have contacted, before submitting this grievance. Officer Givert of the 6C1011 that a c/o J. B. Merritts used excessive force on me a SMI inmate, two (2) plans to harm me again that other inmates have been threatened right at the 6C1011 and 6C1011 entered 9/18/18 and 11/18/18. ① Officer J. B. Merritts used an illegal weapon on me, used 6C1011 a metal apartment causes severe serious permanent injury fractured my right hand, pinned me down with a cast splint for many weeks and hindered my lawsuits / grievance process etc. before Mon 1/15/19.</u></p>					
Your grievance has been received and will be processed in accordance with DC-ADM-804.					

Signature of Facility Grievance Coordinator

Date _____

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy.
GOLDEN ROD Inmate Copy DO NOT RETURN TO DEPARTMENT OF CORRECTIONS

Doc Williams failed to accommodate my hand injuries and
gave me no other way to communicate with court/family/lands
But to wh. it will fracture hand in pain with Splint on it
Force was excessive on 8/19/12, enough amount of force
to fracture a bone in my hand, as clomerritts called me a
system Procedures Manual cotton picker, racist slur while slamming
view
Attachment 1-A

DC-ADM 804, Inmate Grievance System
Section 1 – Grievances & Initial Review
 Issued: 1/26/2016
 Effective: 2/16/2016

The operator on my hand. Then afterwards he stated I Bel you wont file our more lawsuits

Supervisor

DTU

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

GRIEVANCE COORDINATOR

2. Date:

8/23/18

3. By: (Print Inmate Name and Number)

LAURENCE CARROLL LN2870

4. Counselor's Name

C. Senter

5. Unit Manager's Name

CP / THOMAS

6. Work Assignment

N/A

7. Housing Assignment

SE/15/1570

8. Subject: State your request completely but briefly. Give details.

1. Status of Grievance Review Responses to grievance # ~~728434~~ 728434, 729930, 729127.
I'm writing you to find out some basic information about my grievance appeals, etc. here and what my status is. I want to ensure my ABSENCE is long motivated by O.S.I. on 8/19/18 4:05-4:45 PM (16:05-16:45 hours) in DTU GC pod at SCI Hudson. I have a video saved/reviewed and confirmed/satisfied with my claim at GC1010 GC1010 cell. NO J.B. Mennitt, slammed the tray of metal food aperture wicket on my hands. He maliciously did it to cause harm, it was unnecessary use of physical force threats. He applied full force + pressure and held the wicket against my hand against it with my hands trapped, made verbal abuse racist remarks/threats. See camera on a bar chip tape + see medical files notes DC457 see picture photo of bruises, swelling. Then on 8/20/18 X-Ray of Right hand taken... on 8/21/18 X-Ray of a new fracture bones in right hand wrist. On 8/21/18 a GP said a cast splint on my right hand + prescribed pain meds tylenol 4 times a day for 30 days. Doctor said will take 6-8 weeks for hand to heal and

9. Response: (This Section for Staff Response Only)

will require surgery afterwards. I filed grievance excessive force no request money/relief etc...

728434 - referred to Bureau of Health Care on 6.15.18

729930 - referred to same on 7.6.18

729127 - referred to same on 7.24.18

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☒

Staff Member Name

Print

1. Ernie Jones
Sign

Date

8-30-18

728434
729127
729930

Grievance # 728434, 729930, 729127
 To Staff Review Grievance # 728434, 729930, 729127
 two months since then but have received complete response yet. In reply with 8

Superintendent office

C1003

Form DC-135A

Grievance request

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

KEVIN KAUFFMAN

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

~~XXXXXXXXXXXXXXXXXXXX~~

2. Date:

10/15/18

3. By: (Print Inmate Name and Number)

~~XXXXXXXXXXXXXXXXXXXX~~ 1112270

4. Counselor's Name:

C. Banks

5. Unit Manager's Name:

CPT House

SCOTT HUNTINGDON

6. Work Assignment:

NA

7. Housing Assignment:

~~G61003~~

cc: cards, file, H.K. Kelly, etc.

8. Subject: State your request completely but briefly. Give details.

Grievance # 754907 (1) status of grievance dated 8/24/18... Investigation completed or ongoing?

Hello, I'm writing you in regards of finding out status of grievance... I need to know if the investigation of abuse excessive use of force results come back or a response for the grievance submitted dated 8/24/18... The grievance number is ~~XXXXXXXXXXXXXXXXXXXX~~

Grievance # 754907, need to know if a grievance response was made for grievance dated 8/24/18?

The grievance was dated 8/24/18 but based on incident of abuse excessive force pursuant to DOING DCADM COI when on 8/19/18 4:00-4:45 PM when C/O J. B. Merritts II used excessive force maliciously to cause harm when no force was needed or necessary... he assaulted me after threatened me. He slammed the bedrock aperture metal wicket on my hands with intent to harm me, my right hand was X-rayed and revealed fracture due to pressure he used with all his strength to close wicket on my hand... my hand was splinted for multiple weeks to heal. Is the investigation completed?

9. Response: (This Section for Staff Response Only)

1. 754907 is being investigated as an allegation of abuse. You will receive a response once the investigation is complete.

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 TRS ☒

file 754907

STAFF MEMBER NAME

Print

Cornie Ross
Signature

DATE 10.17.18

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer) <u>INMATE Records Dept</u> <u>Records</u> <u>SCF HUNTINGTON</u>	2. Date: <u>10/15/18</u> <u>DTU</u>
3. By: (Print Inmate Name and Number) <u>James J. Gamicheli LW2870</u> <u>[Signature]</u> LW2870 Inmate Signature	4. Counselor's Name: <u>C. Banks</u>
6. Work Assignment: <u>N/A</u>	5. Unit Manager's Name: <u>Cpt Hulse</u>
	7. Housing Assignment: <u>6C1003 1003</u>

8. Subject: State your request completely but briefly. Give details. CC: Counts, Attorney, [Signature]
Status of Grievance # 754907 ???
Hello, I'm writing you in regards of some information
about grievance # 754907, Grievance Based on ABUSE excessive
use of force when on 8/19/18 4:00-4:45pm on DC DTU at cell 6C1010
officer J. B. Merritts II Slammed the metal feeding aperture wicket door
on my hand on purpose with intention to cause harm after he threatened
me and told me only way to go POC should watch on his shift
was if he spray me, hurt me or write me up for misconduct. He then
immediately slammed the wicket on my hand when no direct order to move
hand was given. No warning he did then immediately caused harm without
thinking about how he should act. As a result my hand right hand
was fractured after re-fractured and put in splint and it took multiple
weeks to heal, Pain suffering to date plus receive pain meds. Plus before
leaving Prison for court on 9/13/18, he threatened to break my other hand. Thank you very much! Have a Blessed day
① Was a response for this grievance # 754907 Generated yet, what's the status?

9. Response: (This Section for Staff Response Only) When is a response due from staff? Is investigation

completed yet or ongoing?
Mr. Gamicheli - I have already responded to your inquiry
about this grievance.

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

file 754907

STAFF MEMBER NAME [Signature] DATE 10.19.18
Print Signature

J.D. 1016.01

DC-141, Part 3

Program Review
Committee ActionCOMMONWEALTH OF PENNSYLVANIA
Department of Corrections☐ Misconduct Appeal ☒ Periodic Review ☐ Other

DC Number	Name	Facility	Date of Review	No. from DC-141, Part 1
LW2870	ZAMICHIELI	BEN	9/19/18	D081014

Program Review Committee's Decision and Rationale:

PRC conducted a periodic review with regards to Inmate Zamichieli who is currently in DC status with a DC Max date of 1/24/2020.

PRC ACTION: PRC review held with inmate as part of D-Roster Enhanced Mental Health Protocol.

Inmate Zamichieli was seen out of cell by PRC. PRC and inmate reviewed DTU OOC Programming participation for the prior week. Inmate attended 8 out of 9 hours of offered programming. PRC encouraged inmate to continue his programming attendance. Inmate Zamichieli is currently ATA to this facility for Court from SCI-HUN. He indicated that he went to Court on Monday and has another Court date for 10/01/18. He was advised that he would likely return to his home facility and then return for the next Court date. Inmate Zamichieli then went on to claim that he was physically abused by staff at SCI-HUN and that they broke his hand; therefore, he would like to remain at SCI-BEN. When asked if the alleged abuse was reported, he indicated that it was. He then stated that the same CO made additional threats to him when he was transferring out for Court. PRC will relay this information to our Security Office. Inmate Zamichieli had no additional questions or concerns for PRC.

PSYCHOLOGY STAFF CONCURS: YES

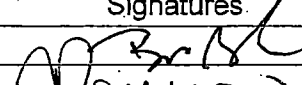
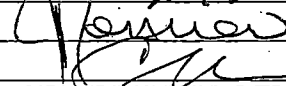
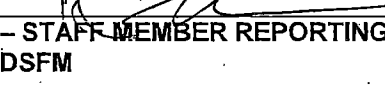
NEXT REVIEW DATE: 1 week

Decision Relative to PRC Review

☒ Continue ☐ Move to AC ☐ Release to GP ☐ Release Cell Restriction ☐ Continue Investigation
☐ Release to Control GRP ☐ Release Medical ☐ Release Diag. Center ☐ Release Sent. Complete

Decision Relative to Hearing Examiner's Verdict

☐ Reject ☐ Uphold ☐ Uphold-Modify ☐ Remand back ☐ Vacate-permit Recharge ☐ Dismiss

Names of Program Review Committee Members	Signatures	Date
Bradley Booher, DSCS; Scott Klinefelter, DSFM		9/19/18
Jennifer Rossman, CCPM; Curtis Grice, Major		9/19/18
Chad Miner, CAM; Stefan Stessney, UM		9/19/18

WHITE - DC-15

YELLOW - INMATE

PINK - STAFF MEMBER REPORTING MISCONDUCT

GOLDENROD - DSFM

Form DC-141 Part 1
Rev. 12/2017

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

D 200943

☒ MISCONDUCT REPORT ☐ OTHER ☐ DC-ADM 801 INFORMAL RESOLUTION

DC Number 142270	Name JAMZCHULZ	Institution SEH	Incident Time 24 Hr. Base 1644	Incident Date 8/19/18	Date of Report 8/19/18
Quarters DTU 1016	Place of Incident DTU 1016				

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

DC Number	Name	I	W	DC Number	Name	I	W
	PARKE'S COI	✓					

MISCONDUCT CHARGE OR OTHER ACTION (CLASS) CHARGE #1 ASSAULT, #15 THREATENING AN EMPLOYEE OR THEIR FAMILY UTIL

BODILY HARM, #22 POSSESSION OR USE OF A DANGEROUS OR CONTROLLED SUBSTANCE, #33 USING ABUSIVE OR OBSCENE OR
INAPPROPRIATE LANGUAGE TO OR ABOUT AN EMPLOYEE, #35 REFUSING TO OBEY AN ORDER, #36 POSSESSION OF INTERBAND (DRUGS, WHICH ARE
STAFF MEMBER'S VERSION PRESCRIBED, BUT WHICH THE INMATE IS NOT AUTHORIZED TO POSSESS, #38 DESTROYING, ALTERING,
TAMPERING WITH OR DAMAGING PROPERTY

SEA, ON THE ABOVE DATE AND TIME, THIS OFFICER WAS PRESENT IN THE DTU, THIS OFFICER APPROACHED DTU 1010
HOUSING INMATE JAMZCHULZ (LW2876). THIS OFFICER ADVISED JAMZCHULZ TO TURN HIS LIGHT ON IF HE WANTED TO
ESCAPE THE FRUIT AT WHICH TIME JAMZCHULZ ATTEMPTED TO ASSAULT THIS OFFICER BY THROWING HIS HANDS OUT TOWARDS
THIS OFFICER THROUGH THE FEEDING APERTURE. THIS OFFICER (LAWN) POSITIVE CONTROL OF THE INMATES LEFT AND RIGHT
WAISTS AND ATTEMPTED TO PLACE THEM BACK INTO THE CELL. THIS OFFICER WAS NOT ABLE TO GAIN COMPLIANCE FROM
THE INMATE AT WHICH TIME THIS OFFICER CLOSED THE FEEDING APERTURE PARTIALLY TO KEEP THE INMATE FROM
REARRING THIS OFFICER THIS OFFICER NOTICED A CONTAINER. AFTER JAMZCHULZ WAS REMOVED FROM DTU 1010 AND PLACED IN
THIS DTU SEVERAL SHARPS WOUND HE STATED TO THIS OFFICER "YOU HAVE TO LET ME OUT AT SOME POINT TO TAKE ME TO
THE SHOWER, THATS WHEN IM GONNA GET YOU." THIS OFFICER THEN WENT INTO DTU 1016 TO FACE JAMZCHULZ'S
CELL CLOSET AND FOUND PRESCRIPTION DRUGS THAT WERE SAME-RESEVED LATENT ON THE INMATES DOOR. THIS
OFFICER ALSO OBSERVED IN DTU 1016 THAT THE INMATE HAD HIS BACK WINDOW (COVERED) WITH PAPER AND TOILET PAPER
STUCK IN THE VENT. C.I.R. # 026682

IMMEDIATE ACTION TAKEN AND REASON

Inmate informed of this report. Inappropriate for Informal Resolution
due to nature of charge. (Assault) Cont. on
Present Cont Status pending disc. process.

PRE-HEARING CONFINEMENT		
IF YES		
<input type="checkbox"/> YES	TIME	DATE
<input checked="" type="checkbox"/> NO		

FORMS GIVEN TO INMATE

<input checked="" type="checkbox"/> REQUEST FOR WITNESSES AND REPRESENTATION		<input checked="" type="checkbox"/> INMATE'S VERSION	
REPORTING STAFF MEMBER SIGNATURE AND TITLE MSAIZTS COI		ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY SIGNATURE AND TITLE [Signature]	
DATE AND TIME INMATE GIVEN COPY DATE 8-21-18		TIME 24 HOUR BASE 1454	
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE 8-21-18		TIME 0800	
MISCONDUCT CATEGORY <input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2		Signature of Person Serving Notice [Signature]	

Notice to Inmate

You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say shall be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you shall be asked no further questions, if you are found guilty of a Class 1 misconduct, any pre-release status you have shall be revoked.

WHITE - DC-15

YELLOW - Inmate

PINK - Reporting Staff Member

DISCIPLINARY HEARING REPORT

DEPARTMENT OF CORRECTIONS

DC Number LW2870	Name Zamichieli, Lamont	Institution Huntingdon	Hearing Date 8/23/2018	Hearing Time 1015	No. from PART I D200943
INMATE PLEA	<input checked="" type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	

HEARING ACTION

CHARGES 1, 15, 22, 33, 35, 36, 38

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Inmate Zamichieli pleads guilty to charge #38 and not guilty to charges #1, #15, #22, #33, #35 and #36.

Inmate stated that the officer assaulted him. He said that all he did was put his hands out because he was suicidal and wanted to be cuffed up.

Based on the report presented:

Charge #1 - DWOP
#15 - DWOP
#22 - DWOP
#33 - DWOP
#35 - DWOP
#36 - DWOP
#38 - DWOP

- | | | |
|---|-----------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The inmate has heard the decision and has been told the reason for it and what will happen. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The circumstances of the charge have been read and fully explained to the inmate. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The opportunity to have the inmate's version reported as part of the record was given. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review. |

Attachment 1-C

SEE APPENDICES



CIR 026682

NAME(S) OF HEARING EXAMINER/COMMITTEE

S. Ellenberger
Hearing Examiner

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

D 195119

☐ MISCONDUCT REPORT ☐ OTHER ☐ DC-ADM 801 INFORMAL RESOLUTION

DC Number	Name	Institution	Incident Time 24 Hr. Base	Incident Date	Date of Report
Quarters	Place of Incident				

OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)

DC Number	Name	I	W	DC Number	Name	I	W

MISCONDUCT CHARGE OR OTHER ACTION

STAFF MEMBER'S VERSION

IMMEDIATE ACTION TAKEN AND REASON

PRE-HEARING CONFINEMENT		
	IF YES	
	TIME	DATE
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		

FORMS GIVEN TO INMATE

☐ REQUEST FOR WITNESSES AND REPRESENTATION ☐ INMATE'S VERSION

REPORTING STAFF MEMBER SIGNATURE AND TITLE	ACTION REVIEWED AND APPROVED BY RANKING C.O. ON DUTY SIGNATURE AND TITLE	DATE AND TIME INMATE GIVEN COPY	
		DATE	TIME 24 HOUR BASE
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE TIME		MISCONDUCT CATEGORY	Signature of Person Serving Notice
		<input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2	

Notice to Inmate

You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say shall be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you shall be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have shall be revoked.

WHITE - DC-15

YELLOW - Inmate

PINK - Reporting Staff Member

DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING REPORT

DC Number LW2870	Name Zamichieli, Lamont	Institution Huntingdon	Hearing Date 8/28/2018	Hearing Time 1115	No. from PART I D195119
INMATE PLEA	<input checked="" type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty		

HEARING ACTION

CHARGES 1, 15, 22, 33, 35, 36, 38

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Inmate Zamichieli pleads guilty to charges #22, #36, and #38 and not guilty to charges #1, #15, #33, and #35.

Inmate stated that he was threatening to harm himself and he threw his hands out because he wanted to officer to cuff him. He said that security, Captain House, and PRC all told him that he never assaulted anyone. He said that he needed the camera to be viewed so this can help him with his lawsuit.

Hearing continued for video review. Waiver form signed.

This HEX reviewed the video regarding this incident. Inmate Zamichieli can be seen throwing his hands out of the wicket at the officer and the officer jumping back and attempting to secure the wicket. When the officer walks away, Inmate Zamichieli can be seen with his arms still out of the wicket.

Hearing resumed on 9/6/18 at 0945 hours. Inmate wished to maintain his original pleas.

This HEX believes the written report of CO1 Merretts, over Inmate Zamichieli's denial, about how Inmate Zamichieli did attempt to assault the officer when he threw his hands out of the aperture towards the officer. Inmate Zamichieli refused to put his hands back in the aperture causing the officer to close the aperture partially to prevent the inmate from grabbing the officer. Once removed and placed in the DTU shower, Inmate Zamichieli was abusive and inappropriate when he stated, "You have to get me out at some point to take me to the shower, that's when I'm gonna get you." A preponderance of evidence exist to support charges #1, #33 and #35. HEX accepts guilty pleas on charges #22, #36, and #38.

Guilty #1 - 30 Days DC
 #33 - 30 Days DC concurrent
 #35 - 30 Days DC concurrent
 #36 - Revoke Contraband
 #38 - 15 Days DC concurrent

Total - 30 Days DC
 Revoke Contraband
 Consecutive

Dismiss #15 and #22

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The inmate has heard the decision and has been told the reason for it and what will happen.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The circumstances of the charge have been read and fully explained to the inmate.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The opportunity to have the inmate's version reported as part of the record was given.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.

Attachment 1-C

SEE APPENDICES



Part 2D
 Video Evidence
 CIR 026682

NAME(S) OF HEARING EXAMINER/COMMITTEE

S. Ellenberger
 Hearing Examiner

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.



Cc: DC-15, Inmate Cited, Staff Member Reporting Misconduct, Deputy Superintendent

*
Exhibit # G
9 pages
Front only

Global Diagnostic Services, Inc.

2066 Eastside Drive, Bldg. C, Suite 200

Conyers, GA 30013

Phone: 770-602-0502

Fax: 770-761-9742

PATIENT NAME: ZAMICHEL, LAMONT
DATE OF BIRTH: 07/11/1989
ID#: LW2870
DATE OF SERVICE: 20180820
REF. PHYSICIAN: RANDYL GESSEL

FACILITY: HUN

FACIAL BONES, THREE VIEWS: INDICATION: Contusion. Pain. FINDINGS: The bony structures are intact. There is soft tissue swelling. There is no fracture or dislocation. IMPRESSION: Soft tissue swelling with no fracture or dislocation. CT is more sensitive for detecting facial fractures. NASAL BONES, THREE VIEWS: INDICATION: Contusion. Pain. FINDINGS: There is irregularity of the nasal bones that appears chronic. There is no acute fracture or dislocation. Soft tissue swelling is noted. IMPRESSION: Soft tissue swelling with chronic appearing irregularity of the nasal bones. There is no evidence of acute fracture or dislocation. RIGHT HAND, THREE VIEWS: INDICATION: Contusion. Pain. FINDINGS: There is a fracture of the distal fifth metacarpal about 1.5 cm proximal to the metacarpophalangeal joint displaced 1-2 mm with mild palmar angulation. IMPRESSION: Fracture of the distal fifth metacarpal about 1.5 cm proximal to the metacarpophalangeal joint displaced 1-2 mm with mild palmar angulation.

James Zimmerman MD
Board Certified Radiologist

The above report was electronically reviewed and approved by James Zimmerman MD on 08/21/2018

DC-472B - Progress Notes - Nursing**Date/Time:**

08/20/2018 21:44

Facility:

SCI HUNTINGDON

Subjective:

none

Objective:

lying in bed, resting comfortably, eyes open. no complaints.

Assessment:

ineffective coping

Plan:

continue to monitor

Other:

NO ANSWER PROVIDED

Add I/E/R:☒ No**Save Log**

User Name	AuditDateAndTime
GRAZIER, CHRISTINA, RN	08/20/2018 21:46:19

DC-472B - Progress Notes - Nursing
Progress Note for Nursing use

Patient Name: ZAMICHIELI, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By GRAZIER, CHRISTINA, RN on 08/20/2018
21:46:19

ZAMICHELII, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC-472 - Progress Note Medical Provider

Date/Time:

08/23/2018 15:05

Facility:

SCI HUNTINGDON

Type of Progress Note:

☒ SOAP Note

Subjective:

SICK CALL. PATIENT IS REQUESTING TO HAVE HIS TYLENOL RENEWED, BUT PT WAS CHEEKING MEDS OR SELLING OR GIVING IT TO OTHER PATIENTS. PT DOES HAVE A FX RIGHT HAND AND DOES HAVE MIGRAINE HA, WHICH HE DOES NEED TYLENOL. I EXPLAINED TO PATIENT THAT HE WILL GET HIS TYLENOL, BUT IF TYLENOL IS CRUSHED FIRST.

Objective

Vitals

Temp:

NO ANSWER PROVIDED

Blood Pressure:

NO ANSWER PROVIDED

Pulse:

NO ANSWER PROVIDED

Respirations:

NO ANSWER PROVIDED

O2 Sats:

NO ANSWER PROVIDED

Objective Comments:

CAST IS INTACT ON PT'S RIGHT HAND. NAD.

On-site Labs Results

Select all On-site Labs that are being performed at the visit:

NO ANSWER PROVIDED

Assessment:

MIGRAINE HA. FX OF RIGHT HAND.

Plan

Information:

TYLENOL CRUSH AND THEN GIVE TO PT UP 4 X A DAY PRN PAIN. F/U PRN.

Medications:

☒ Renewed

Select all that apply:

DC-472 - Progress Note Medical Provider
DC-472 - Progress Note - For Medical Provider use only

Patient Name: ZAMICHELII, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By BUCKLEY, BARBARA M, PA on 08/23/2018
15:08:28

NO ANSWER PROVIDED

On-Site Lab to be Performed After the Visit on One Occasion

Select Labs:

NO ANSWER PROVIDED

New Chronic Care Clinic Patient (Select all Chronic Clinics that apply):

NO ANSWER PROVIDED

Refer to (check all that apply):

NO ANSWER PROVIDED

Request Outside Medical Records:

☒ No

Provider Line follow-up needed:

☒ No

Additional Comments:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
BUCKLEY, BARBARA M, PA	08/23/2018 15:08:28

DC-472 - Progress Note Medical Provider

DC-472 - Progress Note - For Medical Provider use only

Patient Name: ZAMICHIeli, LAMONT

Patient Number: LW2870

Location: E-C-1001-01

DOB: 7/11/1989

Facility: SCI CAMP HILL

Electronically Signed By BUCKLEY, BARBARA M, PA on 08/23/2018 15:08:28

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC-472 - Progress Note Medical Provider

Date/Time:

08/22/2018 08:20

Facility:

SCI HUNTINGDON

Type of Progress Note:

☒ Narrative

Subjective:

LATE ENTRY FOR 8/21/18: PT PLACED IN ULNAR GUTTER SPLINT DUE TO FX OF 5TH METACARPAL. ORTHO COLLEGIATE PLACED. NSG TO CHECK SPLINT AND VERIFY 2 ACE WRAPS, STOCKING NET AND ORTHOGLASS INTACT Q SHIFT PER SECURITY.

Provider Line follow-up needed:

☒ No

Save Log

User Name	AuditDateAndTime
GESSEL, RANDYL, PA	08/22/2018 08:22:15

DC-472 - Progress Note Medical Provider
DC-472 - Progress Note - For Medical Provider use only

Patient Name: ZAMICHEL, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By GESSEL, RANDYL, PA on 08/22/2018 08:22:15

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC-472B - Progress Notes - Nursing

Date/Time:

08/22/2018 06:28

Facility:

SCI HUNTINGDON

Subjective:

none

Objective:

partial cast to right LUE clean dry and intact. one fingerbreadth between cast and skin. capillary refill <2 seconds. Skin warm and dry.

Assessment:

risk for impaired skin integrity, self harm

Plan:

Will monitor

Other:

NO ANSWER PROVIDED

Add I/E/R:

☒ No

Save Log

User Name	AuditDateAndTime
KINKAID, THERESA, RN	08/22/2018 06:30:46

DC-472B - Progress Notes - Nursing
Progress Note for Nursing use

Patient Name: ZAMICHEL, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By KINKAID, THERESA, RN on 08/22/2018 06:30:46

Current Facility:
SCI HUNTINGDON

Person Involved:
LAMONT ZAMICHIELI
Male or Female:
M

Date of Birth:
07/11/1986

Date of Incident:
08/19/2018

Date and Time Reported to Medical Department:
08/19/2018

Time of Incident:
17:10

Exact Location of Incident:
DTU secure search area

Work Related Injury:
☒ No

Sport Related Injury:
☒ No

Property Involved:
☒ No

Equipment Involved:
☒ No

Was the person authorized to be at the location of the incident:
☒ Yes

Describe exactly what happened, why it happened and action(s) taken:
Inmate reports his hand being shut in the wicket on the DTU

Describe all injuries to the body and include specific information regarding the part(s) of the body impacted:
Small abrasion and swelling to right middle finger knuckle

Description of Illness/Injury:
see above

NET/Nursing Protocol Used:
☒ N/A

Treatment Rendered:
Inmate refused treatment to knuckle, currently has Tylenol ordered as needed. Will administer

Follow-up:
sick call as needed

Physician Notified:
☒ No

Person Involved Seen by a Facility Practitioner:
☒ No

Person Involved Taken to Hospital:
☒ No

Type of Injury (check all that apply):
☒ Abrasion

☐ Body Diagram (Reference)

DC-457 - Medical Incident/Injury Report

Report for injuries that includes details on what happened and where the patient is injured.

Patient Name: ZAMICHIELI, LAMONT
Patient Number: LW2670
Location: E-C-1001-01
DOB: 7/11/1986
Facility: SCI CAMP HILL
Electronically Signed By DEDEA, ALEXA, RN on 08/19/2018 20:46:42

ZAMICHIELI, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

Plan

TO BE COMPLETED BY RN/RNS

Check all that apply:

☒ Place in POC with specified observation status

Place in POC with specified observation status

Name of Person Called for POC Placement:

J. Cousins PCRNP

Date of Call for POC Placement:

08/18/2018

Time of Call for POC Placement:

18:30

Staff called:

☒ Psychiatrist/PCRNP ☒ Medical Provider

Names of Staff called:

Dr. Dancha called regarding possible head injury due to inmate banging head. Assessment stable, to refer to psychology in which POC orders were obtained from J. Cousins PCRNP.

Save Log

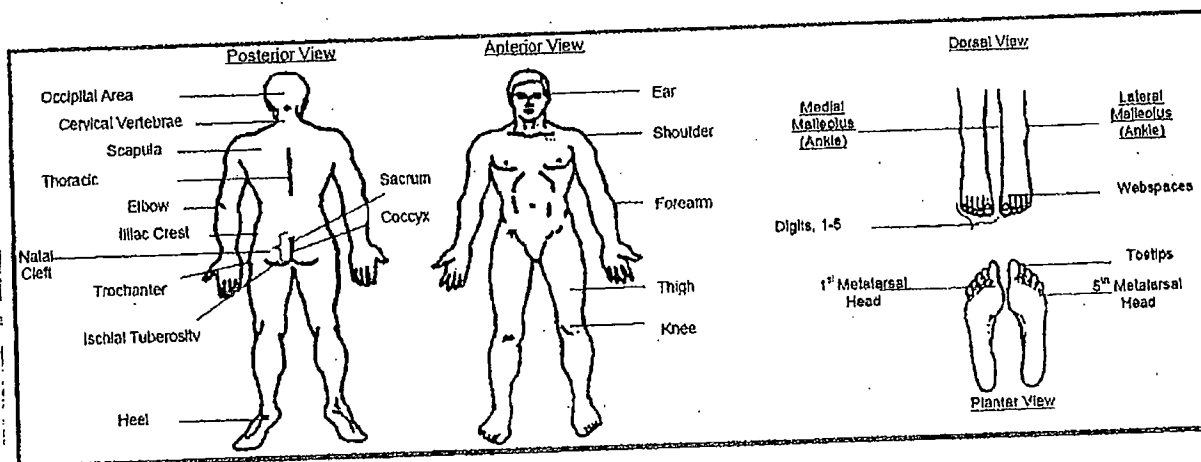
User Name	AuditDateAndTime
DEDEA, ALEXA, RN	08/19/2018 20:34:58

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
DEDEA, ALEXA, RN	08/19/2018 20:34:58	Form Processed Approval	False

DC-586NN - Psychiatric (General) Concern - NET
DC-586NN - General Psychiatric Concern

Patient Name: ZAMICHIELI, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By DEDEA, ALEXA, RN on 08/19/2018 20:34:58



Location of Injury:
right hand knuckle

Disposition After Treatment:
☒ Placed in RHU

Comment on Placement in RHU:
NO ANSWER PROVIDED

Photos taken:
☒ Yes

Copies to be provided to the following (check all that apply):
☒ Deputy Superintendent for Facilities Management ☒ Other

Name of Deputy Superintendent for Facilities Management:
B Brumbaugh

Name(s) of Other Person(s) to receive a copy:
M Harker

Reason for sending copy to Other Person(s):
RNS

Save Log

Save Log

User Name	AuditDateAndTime
DEDEA, ALEXA, RN	08/19/2018 20:45:42

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
PRICE, PAULA, RN	08/20/2018 09:04:58		False

DC-457 - Medical Incident/Injury Report

Report for injuries that includes details on what happened and where the patient is injured.

Patient Name: ZAMICHELLI, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By DEDEA, ALEXA, RN on 08/19/2018 20:45:42

Current Facility:
SCI HUNTINGDON

Person Involved:
LAMONT ZAMICHIELI

Male or Female:
M

Date of Birth:
07/11/1988

Date of Incident:
08/19/2018

Date and Time Reported to Medical Department:
08/19/2018

Time of Incident:
17:45

Exact Location of Incident:
DTU secure search- medical complex

Work Related Injury:
☒ No

Sport Related Injury:
☒ No

Property Involved:
☒ No

Equipment Involved:
☒ No

Was the person authorized to be at the location of the incident:
☒ Yes

Describe exactly what happened, why it happened and action(s) taken:

Inmate was placed in secure search due to thoughts of suicide. Orders were obtained from J Cousins regarding this matter and verbal orders were obtained for camera cell placement, once inmate was informed, inmate began banging his head against the metal bars inside the secure search area.

Describe all injuries to the body and include specific information regarding the part(s) of the body impacted:
There was a hematoma to middle forehead with small abrasion, very scant bleeding.

Description of illness/injury:
see above

NET/Nursing Protocol Used:
☒ N/A

Treatment Rendered:

Inmate was brought to medical for proper evaluation. Vitals signs taken and stable. Call was placed for Dr. Dancho, inmate responding to questions, PERLA. Inmate referred back to psych and POC orders were then obtained and
Inmate was placed in BB1001.

Follow-up:
Sick call as needed

Physician Notified:
☒ Yes

Name of Physician Notified:
Dr. Dancho

Time Physician Notified:
18:15

Date Physician Notified:
08/19/2018

Person Involved Seen by a Facility Practitioner:
☒ No

Person Involved Taken to Hospital:
☒ No

Type of Injury (check all that apply):
☒ Hematoma

Body Diagram (Reference)

DC-467 - Medical Incident/Injury Report

Report for injuries that includes details on what happened and where the patient is injured.

Patient Name: ZAMICHIELI, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1988
Facility: SCI CAMP HILL
Electronically Signed By DEDEA, ALEXA, RN on 08/19/2018 20:47:40



SYMBOL KEY
A: ABSENT
*: SEE NOTES
H: HELD
M: MISSED
R: REFUSED
N: NO SHOW
C: COMPLETED

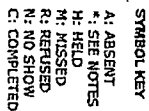
SITE KEY

- 1. ORALLY
- 2. RIGHT BUTTOCKS (GLUTEUS)
- 3. LEFT BUTTOCKS (GLUTEUS)
- 4. RIGHT THIGH (QUADRICEPS)
- 5. LEFT THIGH (QUADRICEPS)
- 6. RIGHT ARM (DELTOID)
- 7. LEFT ARM (DELTOID)
- 8. RIGHT KNEE
- 9. LEFT KNEE
- 10. RIGHT ANK (DELTOID)
- 11. LEFT ANK (DELTOID)
- 12. RIGHT ARM (DELTOID) BACK
- 13. LEFT ARM (DELTOID) BACK
- 14. RIGHT ELBOW
- 15. RIGHT LEG REAR
- 16. RIGHT ANTERIOR THIGH
- 17. LEFT ANTERIOR THIGH
- 18. LOWER BACK LEFT
- 19. LOWER BACK RIGHT
- 20. UPPER CHEST LEFT
- 21. UPPER CHEST RIGHT
- 22. UPPER CHEST RIGHT
- 23. ABDOMEN UPPER QUADRANT RIGHT
- 24. ABDOMEN LOWER QUADRANT RIGHT
- 25. ABDOMEN UPPER QUADRANT LEFT
- 26. ABDOMEN LOWER QUADRANT LEFT
- 27. RIGHT EAR
- 28. BOTH EARS
- 29. RECTUM
- 30. RIGHT NARE
- 31. LEFT NARE
- 32. RIGHT EYE
- 33. LEFT EYE
- 34. RIGHT EYE
- 35. BOTH EYES
- 36. LEFT EAR
- 37. RIGHT EAR
- 38. BOTH EARS
- 39. BOTH NARES
- 40. RECTUM
- 41. JUGULAR LEFT
- 42. JUGULAR RIGHT
- 43. SUPRAVCLAVICULAR LEFT
- 44. SUPRAVCLAVICULAR RIGHT
- 45. DELTOID LEFT
- 46. DELTOID RIGHT
- 47. UPPER ARM LEFT
- 48. UPPER ARM RIGHT
- 49. ANTECUBITAL RIGHT
- 50. ANTECUBITAL LEFT
- 51. FOREARM RIGHT
- 52. FOREARM LEFT
- 53. WRIST RIGHT
- 54. WRIST LEFT
- 55. TRICEP LEFT
- 56. TRICEP RIGHT
- 57. OUTER THIGH LEFT
- 58. OUTER THIGH RIGHT
- 59. VASTUS LATERAL LEFT
- 60. VASTUS LATERAL RIGHT
- 61. FEMORAL VEIN LEFT
- 62. FEMORAL VEIN RIGHT
- 63. LOWER LEG LEFT
- 64. LOWER LEG RIGHT
- 65. FOOT RIGHT
- 66. FOOT LEFT
- 67. HEEL LEFT
- 68. HEEL RIGHT
- 69. HAND LEFT
- 70. HAND RIGHT
- 71. DORSOLATERAL LEFT
- 72. DORSOLATERAL RIGHT
- 73. VENTROGLUTEAL LEFT
- 74. VENTROGLUTEAL RIGHT

ROUTINE MEDICATION			MEDICATION		12 HOUR ASN (DELTD) BACK																														
START DATE	STOP DATE	STOP TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
START	08/20/2018	LEVITIN 1000mg Tab																																	
STOP	08/20/2018	SUB FOR KEPPRA																																	
STOP		DISCONTINUED - 11/23/2018 7:11:22 AM																																	
RX	07/17/2019																																		
RX	08/27/2018	TAKE 1 TABLET(S) ORALLY TWICE DAILY -																																	
RX	08/27/2018	GESSEL RANDY - (MEDICAL)																																	
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RX	08/27/2018	GESSEL RANDY - (MEDICAL)																																	
RX	08/27/2018	GESSEL RANDY - (MEDICAL)																																	

INIT	AD	DEDEA, ALEXA	FULL NAME	TRICE, AMATA	INIT	DM	MCNELLY, DECK	FULL NAME	EMER, NICHOLE	INIT	SM	MAUK, SAMUEL	FULL NAME
AD	AW	HOPMASTER, ANN	WHITESEL, ASHLEY	NW	WILKINS, HOLLY	PP	PRICE, PAULA	PRICE, PAULA	PRICE, PAULA	SH2	MCORRLE, SEAN	MCORRLE, SEAN	
AL	CG	LONS, APRIL	HAUSER, CHRISTINA	JE	ESPINOZA, JONATHAN	BH	HARTZLER, RODNEY	HARTZLER, RODNEY	HARTZLER, RODNEY	TK	KINWAID, THERESA	KINWAID, THERESA	
ALL	CH	LUSK, ANGELA	HOUSEHOLDER, CONNIE	NW	WAGMAN, MELANIE	BL	LYTCH, ROBERT	LYTCH, ROBERT	LYTCH, ROBERT				

Diagnosis: NO KNOWN DRUG ALLERGY
Facility: OC - SCI CAMP HILL
DOB: 07/16/1989
Gender: M
F-C: 1001-01
ZAMICHELE, LAMONT - LW2870
Agency: SCI CAMP HILL
SSN: [REDACTED]
AR Num: 3998
August 2018
PAGE 3 OF 3



12. RIGHT ARM (DELTOID) BACK

SITE KEY	
1. ORALITY	13. LEFT ARM (DELTOID) BACK
2. RIGHT BUTTOCKS (GLUTEUS)	14. LEFT LEG REAR
3. LEFT BUTTOCKS (GLUTEUS)	15. RIGHT LEG REAR
4. RIGHT VENTRAL GLUTEUS	16. RIGHT ANTERIOR THIGH
5. LEFT VENTRAL GLUTEUS	17. LEFT ANTERIOR THIGH
6. RIGHT THIGH (QUADRICEPS)	18. LOWER BACK LEFT
7. LEFT THIGH (QUADRICEPS)	19. LOWER BACK RIGHT
8. RIGHT KNEE	20. UPPER BACK LEFT
9. LEFT KNEE	21. UPPER BACK RIGHT
10. RIGHT ARM (DELTOID)	22. UPPER CHEST LEFT
11. LEFT ARM (DELTOID)	23. UPPER CHEST RIGHT
12. RIGHT ARM (DELTOID) BACK	24. ABDOMEN UPPER QUADRANT LEFT
	25. ABDOMEN LOWER QUADRANT LEFT
	26. PFC LINE
	27. ABDOMEN LOWER QUADRANT RIGHT
	28. PFC LINE
	29. MEDIOPT
	30. RIGHT WARE
	31. LEFT WARE
	32. LEFT EYE
	33. RIGHT EYE
	34. LEFT EAR
	35. BOTH EYES
	36. LEFT EAR
	37. RIGHT EAR
	38. BOTH EARS
	39. BOTH EYES
	40. RIGHT EYE
	41. BUCALAR RIGHT
	42. BUCALAR LEFT
	43. SUBCLOAVEN RIGHT
	44. SUBCLOAVEN LEFT
	45. OUTER THIGH RIGHT
	46. OUTER THIGH LEFT
	47. DELTOID RIGHT
	48. DELTOID LEFT
	49. UPPER ARM RIGHT
	50. UPPER ARM LEFT
	51. FEMORAL VERN RIGHT
	52. FEMORAL VERN LEFT
	53. ANTECUBITAL RIGHT
	54. ANTECUBITAL LEFT
	55. FOREARM RIGHT
	56. FOREARM LEFT
	57. WRIST RIGHT
	58. WRIST LEFT
	59. ABDOMEN
	60. OUTER THIGH RIGHT
	61. OUTER THIGH LEFT
	62. HAND LEFT
	63. HAND RIGHT
	64. VENTROSCAPULAR LEFT
	65. VENTROSCAPULAR RIGHT
	66. DORSOGLUTEAL LEFT
	67. DORSOGLUTEAL RIGHT
	68. VENTROGLUTEAL LEFT
	69. VENTROGLUTEAL RIGHT

[illegible]

ZAMICIELI, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC-560 Mental Health Contact Note

Current Facility:

SCI HUNTINGDON

If this is an initial psychology contact at this facility (due to transfer or any other reason), has an Informed Consent (DC-484) been completed?

☒ N/A

Has the Informed Consent (DC-484) document been updated within the past year at the facility?

☒ Yes

Date of Informed Consent (DC-484) Update:

05/10/18

Is this contact in response to a DC-97:

☒ No

Type of Note:

☒ Full

Demographics

SCI:

SCI HUNTINGDON

DATE:

08/23/2018

TIME:

14:22:55

Current MH/Roster ID:

D

Subjective

Inmate's Current Housing Location:

☒ DTU

Subjective Comments:

Close Watch: IM was seen at cell door during DTU rounds. IM was offered OOC contact but declined the need, electing to speak at cell door. IM presented an appropriate affect and shared humor with this writer. IM indicated that his focus was on working with medical to decrease the pain of his recently broken hand. IM joked about his limited ability to write letters, use the bathroom and make his bed due to being his right (dominant) hand injury. IM verbally denied any suicidal ideations or intent. No acute emotional distress apparent. Supportive counseling provided.

Objective

Interview Location:

DTU

Was inmate interviewed out of cell?

☒ No

DC-560 MENTAL HEALTH CONTACT NOTE
PA DOC DC - 560 MENTAL HEALTH CONTACT NOTE

Patient Name: ZAMICIELI, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By DIEHL, BRUCE on 08/23/2018 14:24:31

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

If no, was out of cell time offered?

☒ Yes

Specify reason for inmate not taking out of cell time:

☒ Verbal refusal

Suicidality:

☒ No current ideation expressed or elicited

Behavior:

☒ Cooperative

Appearance/Grooming:

☒ WNL

Additional Comments:

n/a

Assessment

Current Diagnosis:

Z91.19 - **[Z91.19]** Nonadherence to medical treatment - [AHNER, DAVID] - 2015-11-24 F60.2 - **[F60.2]** Antisocial personality disorder - [AHNER, DAVID] - 2016-01-05 F25.1 - **[F25.1]** Schizoaffective disorder, Depressive type - [WOODS, AUDRA] - 2015-05-28

Feeling/Affect:

☒ WNL

Insight:

☒ WNL

Perceptions:

☒ WNL

Thinking:

☒ Logical/Goal Directed

Memory:

☒ Intact

Orientation WNL:

☒ Yes

Impairment:

☒ WNL

Comments/Concerns:

n/a

DC-560 MENTAL HEALTH CONTACT NOTE
PA DOC DC - 560 MENTAL HEALTH CONTACT NOTE

Patient Name: ZAMICHEL, LAMONT
Patient Number: LW2870

Location: E-C-1001-01

DOB: 7/11/1989

Facility: SCI CAMP HILL

Electronically Signed By DIEHL, BRUCE on 08/23/2018 14:24:31

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC-560 Mental Health Contact Note

Current Facility:

SCI HUNTINGDON

If this is an initial psychology contact at this facility (due to transfer or any other reason), has an Informed Consent (DC-484) been completed?

☒ N/A

Has the Informed Consent (DC-484) document been updated within the past year at the facility?

☒ Yes

Date of Informed Consent (DC-484) Update:

05/10/18

Is this contact in response to a DC-97:

☒ No

Type of Note:

☒ Full

Demographics

SCI:

SCI HUNTINGDON

DATE:

08/22/2018

TIME:

14:26:22

Current MH/Roster ID:

D

Subjective

Inmate's Current Housing Location:

☒ DTU

Subjective Comments:

Close Watch: IM was seen at cell door during DTU rounds. IM declined an out of cell invite and elected to speak at cell door. IM presented an appropriate affect and appeared within normal limits. He reported that his only concern was related to his current health status (i.e. broken hand). IM reported claims that an officer slammed his hand in the aperture area of his cell door a few days ago resulting in the injury. IM reported pain related to the injury and expressed a desire to request an increase in aspirin from medical. IM was encouraged to speak with medical during his medication administration this evening. IM verbally denied any suicidal ideations or intent. No acute emotional distress apparent. Supportive counseling provided.

Objective

Interview Location:

DTU

Was inmate interviewed out of cell?

DC-560 MENTAL HEALTH CONTACT NOTE
PA DOC DC - 560 MENTAL HEALTH CONTACT NOTE

Patient Name: ZAMICHEL, LAMONT

Patient Number: LW2870

Location: E-C-1001-01

DOB: 7/11/1989

Facility: SCI CAMP HILL

Electronically Signed By DIEHL, BRUCE on 08/22/2018 14:28:16

ZAMICHIELI, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

Impairment:

☒ WNL

Comments/Concerns:

NO ANSWER PROVIDED

Plan

Plans Regarding Treatment/Contact:

☒ Continue Regular Contact

Additional Comments and/or PRC Considerations, including progress towards GOALS on IRP:

Will be released back to DTU

Save Log

User Name	AuditDateAndTime
GOSS, RICHARD,	08/22/2018 14:05:35

DC-472L - Progress Note Psychology POC

DC-472L - Progress Note Psychology POC - Progress note for use by psychology staff

Patient Name: ZAMICHIELI, LAMONT

Patient Number: LW2870

Location: E-C-1001-01

DOB: 7/11/1989

Facility: SCI CAMP HILL

Electronically Signed By GOSS, RICHARD on 08/22/2018 14:05:35

Exhibit # 1 page

RHU

C109

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

RNS - Michael Harkis

2. Date:

8/25/18

3. By: (Print Inmate Name and Number)

LAMONT ZAMICHIELLI # LW2870

4. Counselor's Name

C. Banks

5. Unit Manager's Name

QPT HOUSE

6. Work Assignment

NA

7. Housing Assignment

C1015 DTU

8. Subject: State your request completely but briefly. Give details.

ON 8/19/18 4:05-4:45 PM ON DTU GCR 1015 HUNTINGTON AT PRIOR CELL C1010
it was caught and saved on camera record CCTV footage that I was assaulted/
Abused by C/O J.B. Merritts II, he used intentionally excessive unnecessary
force with intent to cause pain/injury to me as he did. He slammed my hands in the metal
feeding trays at cell C1010 on above date time. He applied full pressure force
where none was needed on 8/19/18 on short temp broke, I was taken to DTU ship
cage by J. Faganks, and pictures of my Right hand was taken by medical nurse
Abe which showed visible bruised swollen physical injuries. On 8/21/18 PA Gessel ordered
X-Ray of Right hand, same day x-rays taken. Results came back on 8/21/18 and revealed
I suffer fracture Right hand/wrist from that incident of abuse on 8/19/18 while in medical
PA Gessel put a cast splint on my Right hand/wrist and order pain meds 4 times a day
a day. He told me I'll have cast on between 6-8 weeks to heal then it may require surgery
afterwards, correct? What type/brand of Fracture in my Right hand/wrist??
* (1) WAS all current updates injuries from excessive force documented on DC 457? NEW Fracture!!!
* (2) How long will my hand be in cast, will it require surgery? (4) How long is my hand casted?

9. Response: (This Section for Staff Response Only)

Mr. Zamichielli,

These are all questions the practitioners should answer. I can tell you, your medication is ordered 4 times a day as needed and is to be crushed.

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

M Harkis, RNS, M Harkis, RNS

Print

Sign

Date

8-28-18

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

PAT ERIC Gessel

"CCS"
correct care
Solutions

2. Date:

9/7/18

3. By: (Print Inmate Name and Number)

Lamont Zamicheli # LW2870

4. Counselor's Name

C. Bonters

5. Unit Manager's Name

Cpl. House

CC: Counts, Attorney

Family, central office
C. H. A. P. A. C. E.

6. Work Assignment

NA

7. Housing Assignment

GC1010 DTU as of 9/15/18

8. Subject: State your request completely but briefly. Give details.

ON 8/19/18 at 11:17 AM GC1010 (1605-16:45 PM) C/O Merritts signed my hand in metal picture to hurt me

Hello Sir, I'm writing you in regards of my X-Ray results that revealed a newly fracture right hand. ON 8/20/18 X-Ray of my right hand was taken in Medical and SCIT Huntington. On 8/21/18 you had me brought down to Medical and told me the results of X-Ray fractured and put this cast splint on my right hand. How do I obtain a copy of the results, do I submit a slip to you or (Pamela Price). I had questions below and was told by Michele Harker that I need to write you request for answers. Thank you very much! Blessed DC.

- (1) could you please tell me the nature type of fracture in my Right hand as to what ~~as~~ exact BONE(S) are broken
- (2) you said it'll take about 6-8 weeks to heal and may need surgery afterwards, correct?
- (3) so I'll have this splint cast on for 6-8 weeks and prescribed Tylenol pain meds 4 times a day???

9. Response: (This Section for Staff Response Only)

You will need to sign up for sick call to discuss this matter with a medical provider.

To DC-14 CAR only

Staff Member Name

Print

Sign

Date

Exhibit #3
2 pages Front only

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

DC - 560 MENTAL HEALTH CONTACT NOTE

If this is an initial psychology contact at this facility (due to transfer or any other reason), has an Informed Consent (DC-484) been completed?

☒ N/A

Has the Informed Consent (DC-484) document been updated within the past year at the facility?

☒ Yes

Date of Informed Consent (DC-484) Update:

09/01/17

Is this contact in response to a DC-97:

☒ No

Demographics

SCI:

SCI HUNTINGDON

TIME:

15:40:00

DATE:

03/26/2018

Current MH/Roster ID:

D

Subjective

Inmate's Current Housing Location:

☒ DTU

Subjective Comments:

3/26/18. IM was seen out of cell for an individual contact after he requested to speak with psychology. During contact IM reported allegations related to an incident that occurred on 3/21/18. Supportive counseling provided. Information provided was forwarded to Lt. Maxwell via email due to COB hours. No other issues or concerns reported at this time. Denied any SI/HI. No acute emotional distress apparent.

Objective

Interview Location:

DTU

DC-560 MENTAL HEALTH CONTACT NOTE
PA DOC DC - 560 MENTAL HEALTH CONTACT NOTE

Patient Name: ZAMICHEL, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By DIEHL, BRUCE on 03/27/2018 08:31:42

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

Inmate removed from Close Observation. Inmate was calm and cooperative in PRT. Apologized for his behavior in last PRT. Smiling and was appropriate with staff. No indication for psychiatric medications at this time. Encouraged inmate to participate in OOC programming and groups on the DTU.

Diagnoses:

F25.1 - **[F25.1#]** Schizoaffective disorder, Depressive type - [WOODS, AUDRA] - 2015-05-28
F60.2 - **[F60.2]** Antisocial personality disorder - [AHNER, DAVID] - 2016-01-05
Z91.19 - **[Z91.19]** Nonadherence to medical treatment - [AHNER, DAVID] - 2015-11-24

Plan

Current Medications:

Inmate is not prescribed psychiatric medications.

Check all that apply

☒ No Changes Needed

Return to Clinic:

☒ Yes

Specify number of weeks until Return to Clinic:

☒ Other

Other selected; Provide timeframe until Return to Clinic:

RTC in 4-6 weeks with me.

Reason for Return to Clinic:

☒ Specialized Unit

Referral Needed:

☒ No

Additional Comments:

Inmate educated on the methods of accessing psychiatric treatment as needed.

Save Log

User Name	AuditDateAndTime
COUSINS, JESSICA, CRNP	03/26/2018 18:08:07

DC-472C - Psychiatry Progress Note
Full or Brief SOAP note for Psych patients

Patient Name: ZAMICHEL, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By COUSINS, JESSICA, CRNP on 03/26/2018 18:08:07

alright

Affect:☒ Appropriate to Situation**Thought Process:**☒ Logical/Goal directed**Thought Content:**☒ Normal**Delusions:**☒ None**Suicidal:**☒ None**Homicidal:**☒ None**Hallucinations:**☒ None**Orientation WNL:**☒ Yes**Memory Impairment:**☒ None**Attention:**☒ Normal**Insight/Judgment:**☒ Fair**Comments:**

N/A

AIMS:

N/A

Psychiatric Lab Work:

N/A

Comments:

N/A

Assessment

DC-472C - Psychiatry Progress Note
Full or Brief SOAP note for Psych patients

Patient Name: ZAMICHEL, LAMONT
Patient Number: LV2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By COUSINS, JESSICA, CRNP on 08/27/2018
12:01:48

ZAMICHEL, LAMONT #LW2870

DOB: 7/11/1989 (31y) Location: E-C-1001-01

Brief Description of the Progress/Assessment:

Inmate seen post POC placement. Inmate has already been removed from close observation. He has a large cast on his RUE. Inmate was cooperative during this visit. Encouraged inmate to participate in OOC programming and groups on the DTU. Has been doing well off Seroquel since 3/18/18 with a compliance rate of 76.8%.

Target Symptoms:

Mood and behavior

Diagnoses:

F25.1 - **[F25.1#]** Schizoaffective disorder, Depressive type - [WOODS, AUDRA] - 2015-05-28
F60.2 - **[F60.2]** Antisocial personality disorder - [AHNER, DAVID] - 2016-01-05
Z91.19 - **[Z91.19]** Nonadherence to medical treatment - [AHNER, DAVID] - 2015-11-24

Current Medications:

Inmate is not prescribed psychiatric medications.

Plan

Check all that apply

☒ No Changes Needed

Return to Clinic:

☒ Yes

Reason for Return to Clinic:

☒ Specialized Unit

Specify number of weeks until Return to Clinic:

☒ 4-6 Weeks

Referral Needed:

☒ No

Additional Comments:

Inmate is aware of the methods of accessing psychiatric treatment as needed.

Save Log

User Name	AuditDateAndTime
COUSINS, JESSICA, CRNP	08/27/2018 12:01:48

DC-472C - Psychiatry Progress Note
Full or Brief SOAP note for Psych patients

Patient Name: ZAMICHEL, LAMONT
Patient Number: LW2870
Location: E-C-1001-01
DOB: 7/11/1989
Facility: SCI CAMP HILL
Electronically Signed By COUSINS, JESSICA, CRNP on 08/27/2018 12:01:48

To: Middle District Court of PA / Clerk of Court

**From: Lamont Zamichieli inmate # LW- 2870 SCI-
Phoenix 1200 Mokychic Drive Collegeville, PA 19426**

Date: October 11, 2022

Inregards civil case # 3:20- CV- 00180- MEM- DB


Zamichieli v. J.B. Merritts etal,.

In the middle District Court of Pennsylvania

To who it may concern:

**See enclosed with this letter in this manilla envelope is
Plaintiff's (1) "SECOND AMENDED COMPLAINT" which is
"18" pages in length and " 61 " of supporting evidence
exhibits (2) "Motion to Change Venue and Jurisdiction"
and (3)'Brief in Support of Motion to Change Venue"**

So there's a total of " 84 " pages of documents enclosed

Signed by:  Pro'se plaintiff

Lamont Zamichieli

Thank you very much!!! Have a wonderful blessed day!!!



SCI-Phoenix
1200 Mokychic Drive
Collegeville, PA 19426
MARCEL TURNER #KZ-9985

PA DEPARTMENT OF
CORRECTIONS
INMATE MAIL

neopost
10/13/2022
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ZIP 19426
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OCT 17 2022

PER *[Signature]*
DEPUTY CLERK

Middle District Court of PA
235 North Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148



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